FOR 6th YEAR





WAEL METWALY SAYED





Chapter

1. G.I.T Radiology

2. Urinary Tract Radiology

3. Orthopaedics Radiology

4. Miscellaneous Radiology

Page

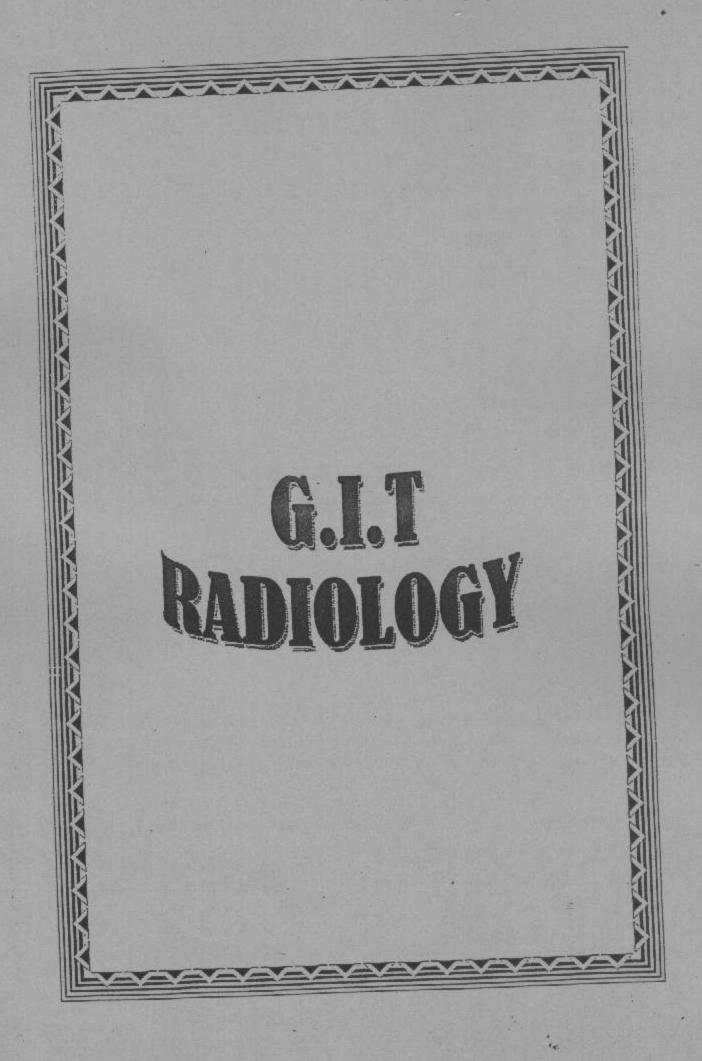
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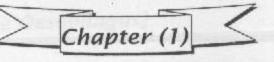
With my Best Wishes

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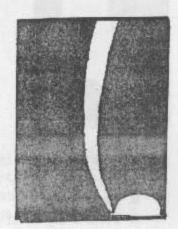




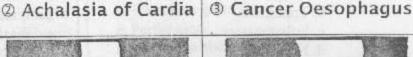
The Oesophagus

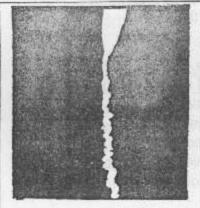
* Criteria of Normal Oesophagus in Ba. Swallow:

- About 20-30 Barium is used.
- Shape of oesophagus
- · Nearly straight Course
- · Width Near by 1 Finger Breadth.
- ait is used for 3
 - 1 Corrosive Stricture.
 - ② Achalasia of the Cardia.
 - @ Carcinoma of the Oesopagus.
 - @ Oesophageal Varices.



① Corrosive Stricture





- Strictures start High at upper 1/3 then diffused downwards
- Slight irregularrity with gradual tapering
- No dilatation above strictures



- Stricture present below diaphragm
- Smooth pencil shaped or Parrot beak shaped
- Marked dilatation above stricture.



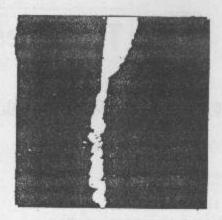
- Stricture usually at middle 1/3
- Irregularity & Rat tail appearance with shouldering
- Slight dilatation above stricture.

Oesophageal Varices

Appears as multiple, rounded, oval or longitudinal filling defects affecting whole oesophagus. With "Grape like Appearance"



1 Corrsive Stricture



1 This X-ray is:

- a. Barium Swallow.
- b. Barium Meal
- c. Plain X-ray chest
- d. None of the above

· @ This Lesion is:

- a. Congenital.
- b. Traumatic
- c. Inflammatory
- d. Neoplastic.

The most common age group is:

- a. New born
- b. Children.
- c. Adolescents.
- d. Middle age.
- e. Old age

The presentations including the following, Except:

- a. Dysphagia.
- b. Bad general condition.
- c. Respiratory complications.
- d. Vomiting.

⑤ The most common symptom

is:

- a. Dysphagia.
- b. Retrosternal pain
- c. Haematemesis.
- d. Neck swelling.
- e. Vomiting.

All are Complications, Except:

- a. Aspiration Pneumonia.
- b. Mediastinitis.
- c. Haematemesis.
- d. Maligmant Transformation

② In Acute phase, Management is:

- a. Washing by water.
- b. Washing by Egg.
- c. Washing by white starch
- d. All of the above.

In Acute Phase, Patients is manged with All, Except:

- a. Steroids
- b. Sedatives.
- c. Tracheostomy.
- d. Endoscopic dilatation.
- e. Antibiotics.

Drugs used in Acute phase include All, Except:

- a. Antacids.
- Immuno-suppressive drugs.
- c. Chemical Antidote.
- d. Antibiotics

®Chronic Cases are commonly Treated by:

- a. Medical.
- b. Endoscopic dilatation
- c. Surgery.
- d. Radiotheropy.
- e. Hormonal Therapy.

2 Achalasia of the Cardia







① This X-ray is:

- a. Barium X-ray Chest.
- b. Barium Meal
- c. Barium swallow.
- d. Bronchgram.

2 This Following is observed:

- a. Parrot-beak sign.
- b. Stricture middle 1/3 oesophagus
- c. Filling defects in the oesophagus
- d. Shouldring sign.

The lesion commonly precipitated by:

- a. Absence of Aurebach's plexus
- b. Absence of Missener's plexus
- c. Cardiospasm
- d. All of the above
- e. None of the above

Mode of Presentation include:

- a. Dysphagia to Fluids.
- b. Regurgitation.
- c. Pointing sign.
- d. Good general Health.
- e. All of the above.

⑤ The Patient presents clinically with all, Except:

- a. Dysphagia to Fluids.
- b. Regurgitation.
- c. Dehydration..
- d. Intermittent course.
 e. Retrosternal pain.

© The Earliest presentation is:

- a. Dysphagia to Fluids.
- b. Regurgitation.
- c. Dysphagia to Fluids & Solids.
- d. Retrosternal pain.

@ Complication(s) include:

- a. Inhalation Pneumonia
- b. Retention gastritis.
- c. Perforation.
- d .All of the above

® The Most diognostic investigation

- is
- a. Barium Swallow.
- b. Ultrasound.
- c. PH Monitoring.
- d. Manometeric studies.
- e. None of the above.

⑤ Drug which may be used for Treatment:

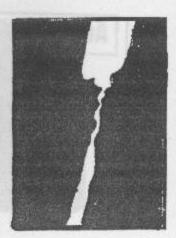
- a. Octyl Nitrate.
- b. Beta adrenergic blocker.
- c. H₂ Blocklers.
- d. All of the above.
- e. None of the above.

The principle line of Treatment

- is:
- a. Anti-spasmodics.
- b. Endoscopic diltation.
- c. Heller's cardiomyotomy operation.
- d. Ramsted's pyloromyotomy operation.
- e. Oesophagp-gastrectomy.

3 Cancer Oesophagus





1 This X-ray

- is:
- a. Barium Meal.
- b. Barium Swallow.
- c. Plain X-ray Chest
- d. Translumbar Aortogrophy.

1 This Lesion is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.
- e. Others

3 This Lesion is mostly:

- a. Achalasia of the Cardia.
- b. Corrosive Stricture.
- c. Malignant Stricture.
- d. Oesophageal Varices.

The Commonest M/E is:

- a. Squamous Cell Carcinoma.
- b. Adenocarcinoma.
- c. Anaplastic Carcinoma.
- d. Transitional Cell Carcinoma.

Predisposing Conditions don't include:

- a. Achalasia of Cardia.
- b. Barrett's Oesophagus.
- c. Reflux Oesophagitis.
- d. Caustic burn of Oesophagus.
- e. Congenital Atresia.

The patient presents clinically with all, Except:

- a. Dysphagia to solids.
- b. Haematemesis & Melena.
- c. Palpable Tumor.
- d. Palpable Lt. Supra-clavicular mass.

The Diagnostic procedure of choice is:

- a. CT Scan Chest
- b. Tumor markers.
- c. Oesophagoscopy & Biopsy.
- d. Manometeric Studies.

®The Ideal Treatment is:

- a. Radical Surgery if operable.
- b. Giving the proper Antidote.
- c. Nissen's Fundoplication.
- d. Heller's operation.
- e. None of the above.

The Palliative line of Treatment:

- a. Chemotheropy.
- b. Radiotheropy.
- c. Gastrostomy.
- d. Celastine intubation.
- e. Palliative surgery.

If Lesion at lower 1/3, all the followings are removed with Treatment, Except:

- a. Whole Oesophague.
- b. Upper Stomach.
- c. Spleen & Tail of pancreas.
- d. Coliac L.Ns.

Oesophageal Varices





1 This X-ray is:

- a. Barium. Swallow
- b. Plain X-ray Chest
- c. Angiogram.
- d. None of the above.

② The Following is observed:

- a. Multiple Filling defects in Oesophagus.
- b. Stricture in the lower end.
- c. Shouldring sign.
- d. None of the above.

This Condition can results from all the following Except:

- a. Neonatol umbilical sepsis..
- b. Portal vein thrombosis.
- c. Liver metastasis.
- d. Bilharzial Fibrosis
- e. Liver Cirrhosis.

Patient can repressents with all Except:

- a. Dyspepsia.
- b. Haematemesis & Melena.
- Abdominal mass.
- d. Dysphagia.

Abdominal Signs don't include:

- a. Rt. Hypochondrial swelling .
- b. Ascites.
- c. Lt. Hypochondrial swelling.
- d. A mass in Rt. Iliac fossa.
- e. Venous hum

Investigations don't include:

- b. Serum Alkaline phosphatase.
- c. Serum Creatinine.
- d. Serum Amylase.
- e. Ultrasonography.

The line of Treatment during Active bleeding:

- a. Sedatives.
- b. Sungestaken Tube.
- c. Injection Sclerotherapy
- d. Shunts Operation.

All can be given to patient with Active bleeding, Except:

- a. Fresh blood Transfusion.
- b. Repeated Enema.
- c. Lactulose.
- d. Morphine.



Spleno-portography:

The same questions



5 Oesophageal Atresia



(A) APAICE



(B) Lateral view.

① This X-ray is

- a. Plain x-ray.
- b. Barium Swallow
- c. Barium Meal
- d. None of the above.

② Type of study is:

- a. Barium.
- b. Lipidol.
- c. Gastro-graffin.
- d. None of the above.

3 The Actiology:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.

The patient complaining of all except:

- a. Excessive salivation.
- b. Pulmonary complications.
- c. Dysphagia.
- d. Vomiting.

⑤ The Patient presents clinically with all. Except:

- a. Frothy saliva.
- b. Bronchopneumonia.
- c. Acid pneumonia.
- d. Dehydration.

The age of patient:

- a. Neonate.
- b. Child.
- c. Adult.
- d. Old.

Type of lesion may be:

- a. With fistula.
- b. Without fistula.
- c. a or b
- d. None of the above

Associated congenial anomalies:

- a. Spina bifida.
- b. ASD or VSD.
- c. Polycystic kidney.
- d. All of the above.

② Investigation of choice :

- a. Injection of lipidol.
- b. Catheter introduction.
- c. Fibroptic endoscopy.
- d. None of the above.

The principle line of Treatment is

- a. Dilatation:
- b. Heller's operation.
- c. Radical excision.
- d. Ligation of fistula & restoration of continuity.

[The Oesophagus]



Corrosive Stricture

6. c

2. b 7. d 3. b 8. d

10.b

Achalasia of Cardia

1. c 6. a 2. a 7. a 8. d

9. a

5. c 10. c

Cancer Oesophagus

1. b 6. c

2. d 7. c

3. c 8. a 4. a 9. d 5. e 10. d

Desophageal Varices

6. d

2. a

7. c

· 3. c 8. d

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Oesophageal atresia

1. d 6. a 7. c

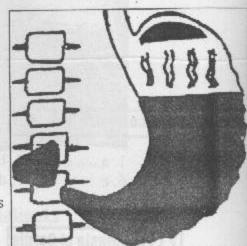
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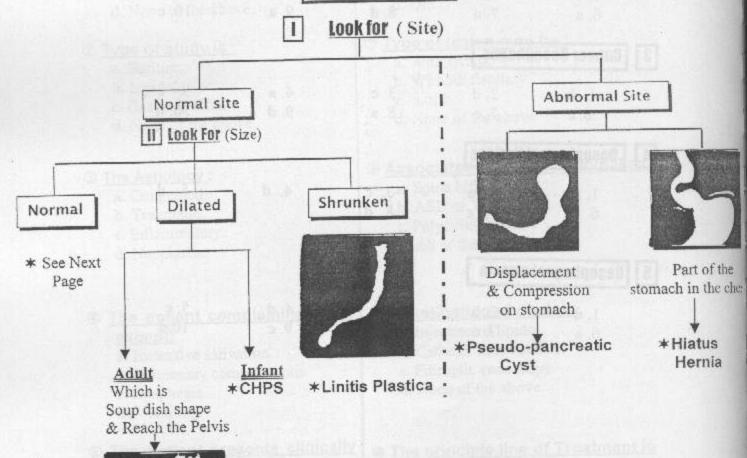
The Stomach & Duodenum

★ Criteria of Normal Stomach in Ba. Meal:

- About 200-300 Barium is used.
- ■Shape of stomach: J. shaped.
- Lesser Curve: Smooth continuos line
- · Greater Curve: Seriated
- Pyloric part: Rounded & smooth
- Duodenal Cap: [1 inch of 1st part of duodenum, nearly triangular with smooth outlines
- If Fundus filled with smooth outlinesbarium this means
 Trendlenburg's position which is indicated with
 Hiatus Hernia or Fundal Lesion



How to Diagnose Ba. Meal



* Benign Pyloric obstruction 2ry to cicatrized D.U

[The Stomach & Duodenum] **Normal Size** Look at (Lesser Curve) For out-pouching i.e Barium is seen Outside the Line of gastric wall i.e Ulcer Niche + Ve - Ve IV Look For Duodenal Cap for deformity * Benign Gastric + Ve - Ve Ulcer Look For Greater curve or pyloric part For any Filling defects * Chronic Duodenal Ulcer *Cancer body * Cancer body * Cancer (Mass) (Ulcer) Pylorus Erect (Plain X-ray) Demonestrating air Under Diaphragm = Acute Perforated D.U. = Pneumoperitoneum

[The Stomach & Duodenum]

1 Hiatus Hernia

(Sliding type)

 Part of stomach in the chest
 i.e Abnormal Site





1 This X-ray is:

- a. Barium Meal, Upright position.
- Barium meal, Trendlenburg's position.
- c. Barium Swallow.
- d. Barium Enema.

Aetiological Factors don't include;

- a. Aging.
- b. Pregnancy.
- c. Obesity.
- d. Neuromuscular incoordination.

The patient represents: with all, Except:

- a. Dysphagia.
 - b. Dyspnea.
 - c. Dyspepsia.
- d. Heart burn.
 - e. Abdominal distention.

The most common presentation is:

- a. Haematemesis.
- b. Dysphagia.
- c. Heart burn.
- d. Regurgitation.
- e. Dyspepsia.

(5) It may be associated with:

- a. Gall stones only.
- b. Diverticulosis coli only.
- c. a & b
- d. Non of the above.

The most diagnostic investigation is:

- a. Barium Swallow.
- b. Typical History of Heart burn.
- c. Endoscopy.
- d. P.H & Manometeric studies.

The principle line of treatment is:

- a. Medical treatment.
- b. Endoscop'ic dilatation.
- c. Nissen's fundoplication.
- d. Belsy Mark IV
- e. None of the above.

If severe Lesion with short oesopagus the operation of choice is:

- a. Gastric resection.
- b. Colon by-pass.
- c. Nissen's fundoplication.
- d. Heller's operation.
- c. Ramstedt's operation.

Para-oesophageal hernia :

- Presence of gastric fundus in Lt. Haemothorax.
- · No heart burn i.e. No reflux.
- Treatment: surgical correction.



10

2 Pseudo-pancreatic cyst

 Displacement & Compression on stomach i.e Abnormal Site.





1 This X-ray is:

- a. Barium Meal.
- b. Barium Swallow.
- c. An Invertogram
- d. Barium Enema.
- e. None of the above.

The Aetiology of this case is:

- a. Congenital.
- b. Malignant.
- c. Following Acute pancreatitis.
- d. All of the above
- e. None of the above.

3Fat of this condition:

- a. Spontaneous resolution 20-40%.
- b. Malignant Transformation.
- c. Resolution in 100%.
- d. All of the above.
- e. None of the above.

Complications don'tinclude:

- a. Rupture...
- b. Haemorrhage.
- c. Malignancy.
- d. Abscess.
- e. CBD obstruction.

3 Mode of presentation include:

- a. History of Pancreatitis.
- b. Epigastric large mass.
- c. Fixed & Tense cystic mass.
- d. Mass shows Intermittent pulsation.
- e. All of the above.

© DD Include:

- a. Abdominal Aortic Aneurysm.
- b. B Pericolic mass.
- c. Appendicular mass.
- d. All of the above.

Olnvestigation of choice is:

- a. Barium Meal.
- b. Abdominal U/S.
- c. ERCP.
- d. MRI.
- e. Caeliac Angiography...

Surgical procedure include:

- a. Trans-gastric Cysto-gastrostomy...
- b. Total excision of sac.
- c. Subtotal gastrectomy.
- d. Gastro-Jejunostomy.
- e. None of the above.

3 Linitis Plastica

Normal Site.
 But Shrunken in Size
 & Diffusely

M.C.Q = See Cancer Stomach



4 Pyloric stenosis

Due to cicatrized chronic D.U.

- · Normal Site.
- Dilated in Size

(Soup dish & reaching the pelvis),



① This X-ray is:

- a. Barium Swallow.
- b. Barium Meal.
- c. Barium Enema
- d. None of the above

The following is observed:

- a. Soup-dish sign.
- b. A filling defect in the stomach.
- c. Ulcer niche on Lesser Curve.
- b. All of the above.
- e. None of the above.

3 The most accepted diagnosis

- a. Acute gastric dilatation.
- b. Congenital pyloric stenosis.
- c. Chronic duodenal ulcer.
- e. Malignant pyloric stenosis.

The patient represents clinically with All, Execpt:

- a. Vomiting.
- b. Constipation.
- c. Tetany .
- d. biliary vomiting..

- a. Dehydration.
- b. Tetany.
- c. Respiratory complications.
- d. Hyperchloremic Acidosis.

The condition may be associated with:

- a. Hyperkalamia.
- b. Hypernatraemia.
- c. Metabolic Acidosis.
- d. Metabolic Alkalosis.

② Clinical Findings include:

- a. Visible peristalisis.
- b. Abdominal fullness.
- c. Succussion splash.
- d. All of the above.
- e. None of the above.

The most diagnostic investigation

- is:
- a. CT Scan.
- b. Barium Meal.
- c. Endoscopy.
- d. Electrolyte Estimation.
- e. Gastric Function Tests.

<u>The gastric function Tests in this condition reveal:</u>

- a. Hyperacidity (True).
- b. Hyperacidity (False).
- c. Hypoacidity
- d. Normoacidity.

The principle Line of treatment

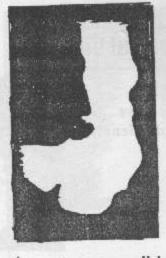
- IS:
- a. Medical Antiacide.
- b. Ryle's Tube.
- c. Trunkal vagotomy + gastrojejunostomy.
- d. Gastro-Jojunostomy alone.
- e. Subtotal gastrectomy.

5 Bening Gastric ulcer

- · Normal Site.
- · Normal Size.

With ulcer niche on lesser curve.

+ Ulcer notch on greater curve.





1 This X-ray

is

- a. Barium Meal (Trendlenburg's).
- b. Barium Meal (Upright position).
- c. Barium Enema.
- d. None of the above.

② The Following Sign is observed:

- a. Ulcer Niche.
- b. Hour-glass stomach.
- c. Tea-pot stomach.
- d. Soup dish stomach.
- e. None of the above.

3 All may be Aetiology Except:

- a. N. S. A. Ds.
- b. Biliary gastritis.
- c. Cancer Stomach.
- d. Helico-bacter Infection.

The patient represents Clinically with, Except:

- a. Vomiting.
- b. Constipation.
- c. Periodic dyspepsia.
- d. Haematemesis.

The Following may be associated, Except:

- a. Duodeno-gastric reflux.
- b. Achlorahydria.
- c. Low mucosal resistance.
- d. Helico-bacter pylori.

6 All are possible Complications Except:

- a. Bleeding.
- b. Perforation.
- c. Obstruction of pylorus.
- d. Malignancy

This Lesion is:

- a. Type I.
- b. Type II.
- c. Type III.
- d. Type IV.

The Investigation of choice:

- a. Gastric Function Test.
- b. Barium Meal.
- c. Gastroscopy & Biopsy.
- d. Blood picture.
- e. All of the above.

Gastric function Test Commonly reveal:

- a. True Hyperacidity.
- b. False Hyperacidity.
- c. Normoacidity.
- d. Achlorohydria.

® The 1st Treatment to try

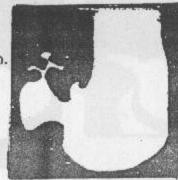
- is:
- a. Surgical.
- b. Medical.
- c. Physiotheropy.
- d. Endoscopic.
- e. Psychotheropy.

[The Stomach & Duodenum]



6 Chronic Duodenal Ulcer

- Normal Site & Size.
- No out-pouch at Lesser curve.
- There is deformity of duodenal cap.





① This X-ray is:

- a. Barium Meal.
- b. Barium Enema.
- c. Barium Swallow
- e. None of the above.

② The Following is observed:

- a. Normal duodenal Cap.
- b. Deformed duodenal Cap.
- c. Filling defect in 2nd part.
- d. Widened duodenal Curve.
- e. None of the above.

3 This disease is more Frequent in:

- a. Female
- b. Blood group A.
- c. Smokers.
- d. All of the above.

All are predisposing Factors For This Lesion Except:

- a. Vagal over-tone.
- b. N.S.A.Ds.
- c. Helico-bacter infection.
- d. Biliary gastritis.

⑤ The patient presents clinically with:

- a. Epigastric pain.
- b. Vomiting.
- c. Haematemesis.
- d. Melena.
- e. All of the above.

© The patient is liable for all these complications, Except:

- a. Haematemesis.
- b. Malignant Transformation.
- c. Perforation.
- d. Pyloric obstruction.

The Investigation of choice is:

- a. Endoscopy.
- b. Gastric Function Test.
- c. Barium Meal.
- d. None of the above.

The Gastric function Test in this Condition reveal:

- a. Hyperacidity
- b. Normoacidity.
- c. Achlorohydria.
- d. Hypochlorohydria.

© The Principle Line of Treatment

is:

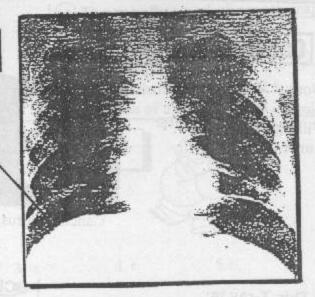
- a. Medical Antiacids.
- b. Trunkal Vagotomy.
- c. Partial gastrectomy.
- d. Antrectomy.

The Following operation not done:

- a. Trunkal Vagotomy & Drainage.
- b. Selective Vagotomy & Drainage.
- Highly Selective Vagotomy & Drainage.
- d. Vagotomy & Antrectomy.
- e. Subtotal Gastrectomy.

7 Acute perforated D.U

Plain X-ray
 with Air under diaphragm.



1 This X-ray is:

- a. Plain X-ray abdomen erect position.
- b. Barium Meal.
- c. I.V.P.
- d. None of the abve.

② The following is observed:

- a. Air under diaphragm.
- b. Multiple fluid level.
- c. Radio opaque shadow.
- d. All of the above.
- e. None of the above.

The commonest cause is:

- a. Acute perforated chronic D.U.
- b. Acute gastritis.
- c. Perforated Acute Appendicitis.
- d. Perforated Diverticulosis Coli.
- e. None of the above.

The condition is predisposed by:

- a. Worry & stress.
- b. Too much work.
- c. All of the above.
- d. None of the above.

⑤ The incidence is:

- a. 10-15%.
- b. 20%.
- 0 50%
- d. 80%.
 - e. 60%.

© Complications include:

- a. Shock.
- b. Toxaemia.
- c. Paralytic Ileus.
- d. Fluid & Electrolytes imbalance.
- e. All of the above.

O Clinical findings don't include:

- a. Shock
- b. Dead silent abdomen.
- c. Board like rigidity.
- d. Oblitration of liver dullness.
- e. Hyperaudible borborgmi sounds.

® Clinical Finding may be:

- a. Abdominal peristalsis.
- b. Olive like abdominal mass.
- c. Tender & Rigid Rt. iliac fossa.
- d. All of the above.
- e. None of the above.

Treatment consists of:

- a. Conservative.
- b. Urgent surgery.
- c. Endoscopic.
- c. All of the above.
- d. None of the above.

Surgical procedure include:

- a. Simple closure of perforation.
- b. Vogotomy & pyloroplasty.
- c. Partial gastrectomy.
- d. Total gastrectomy.
- e. All of the above.

Cancer stomach

- Normal Site & Size
- Normal duodenal cap.
- Filling defect at greater curve or pylorus.







Cancer Pylorus Cancer Body (ulcer) Cancer Body (mass)

1 This X-ray is:

- a. Barium Meal.
- b. Barium Swallow.
- c. Barium Enema.
- d. None of the above.

② The following Sign is observed:

- a. Outpouch of contrast from stomach.
- b. Filling defect in the stomach.
- c. Hour-glass stomach.
- d. Ulcer Niche.
- e. None of the above.

3 The commonest predisposing

- Factor is:
- a. Plummer vinson syndrome
- b. Pernicious Anaemia.
- c. Biliary gastritis.
- d. Benign tumors.
- e. All of the above.

The commonest M/E is:

- a. Adenocarcinoma.
- b. Squamous Cell Carcinoma.
- c. Lymphoma.
- d. None of the above.

The patient presents with all Except:

- a. Epigastric mass.
- b. Marked anaemia.
- c. Bilious vomiting.
- d. Melena.

©Clinical Findings may include:

- a. Jaundice.
- b. Ascites.
- c. Trousseau sign.
- d. Troisier sign.
- e. All of the above.

② All are complications

Except:

- a. Haematemesis.
- b. Perforation.
- c. Jaundice.
- d. Krukenburg's tumor.
- e. Rt. Supra-clavicular L.Ns.

The diagnostic procedure of choice

is:

- a. CT scan abdomen.
- b. Barium Meal.
- c. Endoscopy & Biopsy.
- d. All of the above.

The Acidity is:

- a. Hypoacidity.
- b. Normoacidity.
- c. Hyperacidity.
- d. Anacidity.

1 If lesion at pylorus, the line of surgical Treatment is:

- a. Total Radical Gastrectomy.
- b. Subtotal gastrectomy.
- c. Gastro-jejunostomy.
- d. Chemotherapy or Radiotherapy.

(1) Palliative procedures don't include:

- a. Total gastrectomy.
- b. Gastro jejunostomy.
- c. Feeding jejunostomy.
- d. Subtotal gastrectomy.

(12) The mostly used chemotherapy:

- a. Endoxan.
- b. Methotrexate.
- c. 5 fluro-uracil.
- d. Vincristine.
- e. None of the above.



Hiatus Hernia

- 2. d
- 3. e 8.€

5.c

7. a 6. d.

Pseudo-pancreatic Cyst

- 5.e
- 2.c 6.a
- 3.a 7.b

Linitis Plastica

M.C.Q = See Cancer stomach.

Pyloric Stenosis

- (Adult)
- 5. d

- 1.b 6 d
- 2.a 7.d
- 3.c 8.c
- 4.d
- 10. c

Benign gastric Vicer

- 1.b 6.c
- 2.a 7.a
- 3.c 8.c
- 5. b 10. b

Chronic duodenal Ulcer

- 6.b
- 2.b 7.a
- 3.c 8.a
- 5. e 10. c

Acute perforated D.U

- 1.a 6.e
- 2.a 7.e
- 3.a 8.c
- 4..d 9.b
- 5. a 10. a

Cancer stomach

- 1.a
- 2.b
- 3. e 9.d
- 4.9 10.b
- 5.c
- 6.e

- 7.e
- 8.c

- 12.c



Introduction

Gall Stones Classifications.

A)Old Classification:

- Bile Pigment 8%
- · Mixed stones 80%
- Ca Carbonate 2%
- Cholesterol 10%
- B) New Classification:

	Types	Cholesterol Stones		Pigment Stones		
1		Type I	Type II	Black	Brown	
@	Incidence	90%	7%	3%		
3	Composition	Cholesterol +Ca bilirubinat Ca palmitat	Pure cholesterol	Ca bilirubinat	Ca bilirubinat + Ca palmitat & Cholesterol	
(1)	Number	Multiple	+ Single (Solitaire)	Multiple	◆ Multiple	
(3)	Size	• < 2.5cm	+ >2.5cm	+ < 2.5cm	◆ < 2.5cm	
9	Shape	• Faceted	Mamillated	* Spicules ポポル ポポル	• Laminated	
(T)	Colour	• Yellowish	+ Yellowish	• Black	• Brown	

N.B. : Type I Cholesterol Stones + Brown Stones = Mixed Stones

Radiological Methods

1 Plain X-ray

② Oral Cholecystogroply

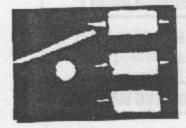
3 ERCP

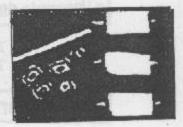
4 PTC

[1] Plain x-ray: (Rt. hypochondrial)

For Radio-opaque stones (only)

- If Single → G.B or Renal stone
- If Multiple → Mixed stones or Pigment stones.





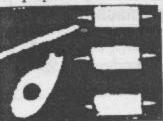
[2] Oral Cholecystography:

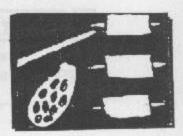
For Radiolucent stones (mainly) & Radio-opaque stones

- If Single → Cholesterol Stone II
- If Multiple → Mixed Stones

or pigment stones.

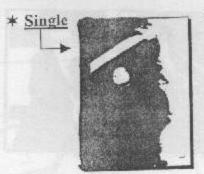
N.B: the dye used is Telepaque 6 Tablets are given 12 hours before Examination.





1 Plain X-ray

(Rt. Hypochondrium)









① This X-ray is:

- a. Plain x-ray Abdomen
- b. Barium Enema.
- c. An Excertory, Urography
- d. Oral Cholecystography.

② All are possible Aetiology, Except:

- a. Gall stones.
- b. Rt. Renal stone.
- c. Calcified Rt. renal T.B focus.
- d. Calcified Bilharzial infestation.
- e. Calcified L.Ns in Porta hepatis

The most Common age group:

- a. Newly born
- b. Children.
- c. Middle age.
- d. Old age.

@ Patient present with:

- a. Fatty dyspepsia.
- b. Fever.
- c. Jaundice.
- d. Colicky pain in Rt. hypochondrium.
- e. All of the above.

The patient presents with All, Except:

- a. Periodic dyspepsia.
- b. Jaundice.
- c. + ve Murphy's sign.
- d. Steatorrhea.

⑤ If Multiple stones: Complications don't include:

- a. O.J.
- b. Intestinal obstruction.
- e. Acute Exacerbation.
- d. Malignancy.

① If Single stone: Complications include

- a. O.J.
- b. Intestinal obstruction.
- c. Acute Exacerbation.
- d. Malignancy.
- e. All of the above.

Investigations include All Except:

- a. Urine & Blood picture.
- b. Plain x-ray (lat. View).
- c. Oral Cholecystography.
- d. Abdominal U/S.
- e. C.T.scan.

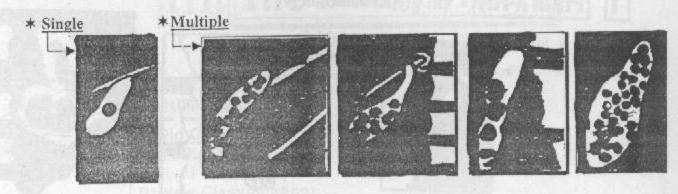
The Investigation of choice is:

- a. Urine & Blood picture.
- b. Plain x-ray (lat. View).
- c. Oral Cholecystography.
- d. Abdominal U/S.
- e. C. T. scan.

Main line of Treatment is:

- a. Conservative.
- b. Surgery.
- c. ESWL.
- d. All of the above.
- e. None of the above.

2 Oral Cholecystogrophy



① This x-ray is:

- a. Plain x-ray.
- b. Oral Cholecystography.
- c. Barium Meal.
- d. Angiography.

The dye used in this study is:

- a. Telepaque.
- b. Hypaque
- c. Lipidol.
- d. Barium.
- e. None of the above.

The dye is given:

- a. Immediately before x-ray.
- b. 1 hour before x-ray.
- c. 1 day before x-ray.
- d. 1 night before x-ray.

The following is observed, Except:

- a. Radio-opaque organ.
- b. Multiple filling defects.
- e. Filling defects are small.
- d. C. B. D. is dilated.
- e. The G. B. is visualized.

The patient present with:

- a. Fatty dyspepsia.
- b. Flatulence.
- c. Biliary colic.
- d. + ve Murphy's sign.
- e. All of the above.

Saint's Tride consists of:

- a. Gall stone.
- b. Diverticulosis coli.
- c. Hiatus Hernia.
- d. All of the above.
- e. None of the above.

Wilkie's Triade consists of:

- a. Chronic Cholecystits.
- b. Chronic peptic ulcer.
- e. Chronic Appendicitis.
- d. All of the above.
- e. None of the above.

This Investigation can be done in the following, Except:

- a. Chronic Cholecystitis.
- b. Acute Cholecystitis.
- c. Biliary dyspepsia.
- d. Past History of Jaundice.

Serum bilirubin may be:

- a. <1mg%
- b. 3 mg%.
- c. >3mg%
- d. Any of the above
- e. None of the above.

The Treatment Consists of:

- a. Conservative.
- b. ESWL.
- c. Cholecystectomy alone.
- d. Cholecystectomy

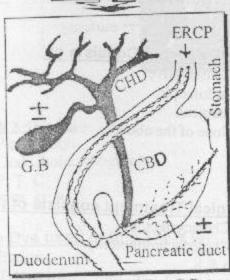
with CBD Exploration.

[The Biliary Tract]

3 ERCP

Endoscopic Retrograde Cholangio Pancreatographyl







- ERCP Visualizes CBD + G.B + pancreatic duct.
- * ERCP Detects
- ① G.B stones
- © CBD stones | As filling defect
- 3 Strictures of pancreatic duct.
- ERCP is Complicated (3%)
 - By © Bleeding (Haemobilia) 2-9 %
 - ② Acute cholangitis. 1-3%.
 - 3 Acute pancreatitis 1-4 %.

ERCP Shows

Multiple stones in CBD





1 This x-ray is:

- a. Barium Swallow
- b. Barium Meal.
- c. PTC.
- d. ERCP.

② All are indications, Except:

- a. Obstructive Jaundice.
- b. Chronic pancreatitis.
- c. Cancer pancreas.
- d. Cholangio-carcinoma.
- e. Hepato-cellular carcinoma.

3 All are Complications of ERCP

Except:

- a. Cholangitis.
- b. Pancreatitis.
- c. Stricture of CBD.
- d. Haemobilia.

This Lesion is 2ry to:

- a. Gall bladder stone.
- b. Ascaris lubricoides.
- c. Stricture CBD.
- d. None of the above.

The most common symtom is:

- a. Biliary pain.
- b. Fever.
- c. Pruritis.
- d. Jaundice.
- e. Dark urine.

©The patient present will all, Except:

- a. Epigastric pain.
- b. Brown discoulored urine.
- e. Steatorrhaea.
- d. Enlarged trender liver.
- e. Periodic dyspepsia.

This Lesion is:

- a. Obstructive jaundice.
- b. Ascending cholangitis.
- c. Acute pancreatitis.
- d. None of the above.

® ERCP used in all, Except,

- a. Caluclar O.J.
- b. Liver Metastasis.
- c. Chronic pancreatitis.
- d. Carcinoma of pancreatic head

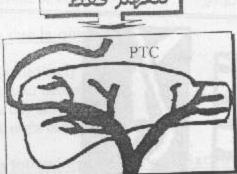
The Treatment Consists of:

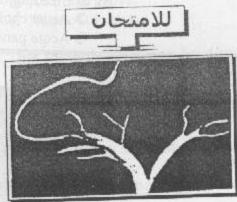
- a. Conservative.
- b. Endoscopic.
- c. Surgical.
- d. None of the above.

® Surgical Treatment consists of :

- a. Cholecystectomy
- b. Choledocholithotomy.
- c. a & b.
- d. None of the above.

4 PTC | Percutaneous Trans-hepatic Cholongraphyl





- PTC Visualizes all intra-hepatic biliary tree.
- PTC Detects obstruction high up in hepatic ducts

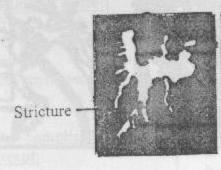
Sudden arrest of the dye (usually at the level of CHD)

means* Stricture.

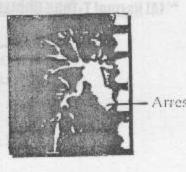
- · Malignancy.
- . Stone.

N.B: The dye used is Hepaque = Urografin

PTC







1 This x-ray is:

- a. Plain x-ray.
- b. Oral Cholecystogrophy.
- c. P. T. C.
- d, E. R. C. P.

2 The Dye used in this study is:

- a. Barium.
- b. Telepaque.
- c. Hypaque.
- d. Lipidol.
- e. None of the above.

3 The followings are observed:

- a. Dilated Rt. & Lt. hepatic duct.
- b. Filling defect in CHD.
- c. No dye in distal part of CBD.
- d. All of the above.

The patient present with all Except:

- a. jaundice.
- b. Constipation.
- c. Cholangitis.
- d. Enlarged Tender Liver.

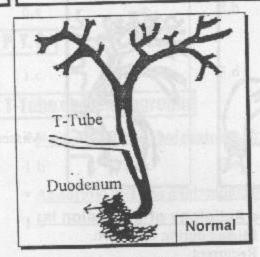
⑤ In this patient serum Alkaline Phosphatase is:

- a. 0-3 king Armstrong unit.
- b. 3-5 king Armstrong unit.
- e. 30-40 king Armstrong unit.
- d. None.

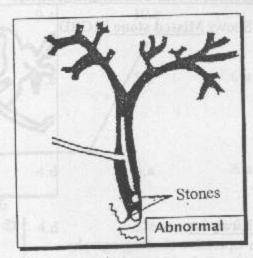
The principle line of treatment is:

- a. Surgery for stricture.
- b. P. T. D.
- c. Cholidochotomy.
- d. Int. biliary fistula.

T-Tube cholangiography



- No filling defects in CBD
- CBD Not dilated.
- The dye reach the duoudenum.



- Filling defect in CBD i.e stones
- · CBD dilated.
- The dye didn't reach the duodenum

[The Biliary Tract]

LAI <u>Normal T-Tube Cholangiography:</u>





① This x-ray is:

- a. Per-operative cholangiography.
- b. T-tube cholangiography.
- c. I. V. cholangiography
- d. P. T. C. asset salam I bearing

② The following signs are observed Except:

- a. Normal bile duct.
- b. No filling defect.
- c. No leakage of due.
- d. Distended gall bladder.

The G.B is not seen because:

- a. None functioning.
- b. Obstructed.
- c. Surgically removed.
- d. None of the above.

X-ray is done:

- a. Per-operative.
- b. 1 day after operation.
- c. 5-7 days after operation.
- d. 10-14 days after operation.

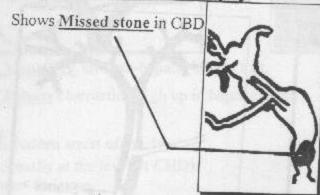
⑤ In this patient removal of a Tube should be done:

- a. immediately now.
- b. After 2, weeks.
- c. After 1 month.
- d. After dealing with obstruction.

Removal of the Tube now, results in:

- a. Cure.
- b. Biliary peritonitis.
- c. Biliary fistula.
- d. Recurrence.

IBI Abnormal T-Tub Cholangiography:





· Missed stone

1 This X-ray is:

- a. Per-operative cholangiography.
- b. T-tube cholangiography.
- c. I.V cholangiography.
- d. P. T. C.

② The Aetiology of this lesion is:

- a. Missed during operation.
- b. Recurrent.
- c. Eithe a or b.
- d. All of the above.

24

[The Biliary Tract]

This X-ray study is done:

- a. Pre-operative.
- b. Immediately post-operative.
- c. Intra-operative.
- d. 10 days post-operative.

All are possible complications of this condition, Except:

- a. Cholangitis.
- b. Biliary fistula.
- c. Obstructive jaundice.
- d. Acute cholecystitis.

⑤ Treatment of this condition is:

- a. Removal of tube.
- b. Medical treatment.
- c. Removal of obstructing stone
- d. Tube left for 3 weeks.
- e. None of the above.

© Treatment consists of:

- a. Dissalution.
- b. Basket Extraction.
- c. ERCP & Sphincterotomy.

Catomia lies in lit. It at los

- d. Surgery.
- e. All of the above.



1 Plain X-ray					19/14
1.a	2. d	3.c	4.e	5. a	
6.b	7.e	8.e	9. d	10.b	
2 Oral cholecy	stography	P ASS			
1.b	2.a	3.d	4.d	5. e	2 10 ×
6.d	7.d	8.b	9. d	10.d	
3 E. R. C. P					
1.d	2.e	3.c	4.c	5. d	
6.e	7. a	8.b	9.c	10.c	
4 P. T. C.					
1.c	2.c	3.d	4.b	5.c	6.a
5 T-Tube chola	angiogropi	hy			
• Normal	T-Tube chol	angiogrophy.			
1. b	2.d	3.c	4.d	5.a	6. a
* Abnorma	al T-Tube cl	nolangiogroph	<u>y.</u>	iniala mi	
1.b	2.a	3.d	4.d	5.c	6.e

IV Small & Large Intestine

1 - Plain X-ray

II- Invertogram

III- Ba-Enema

[I] Plain x-ray

Erect position shows be Multiple fluid level

= <u>Intestinal obstruction</u> See Fig ① & ②

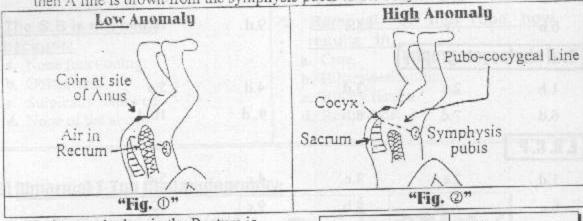




[II] Invertogram: = Imperforated Anus

 24 hours after with the infant held upside down with a radio-opaque marker on the Anus

then A line is drown from the symphysis pubis to the cocyx.



- IF the gas shadow in the Rectum is seen above the pubo-coccygeal line the anomaly is Low-see (Fig. ①).
- ■But IF below the line the anomaly is High see (Fig. ②).

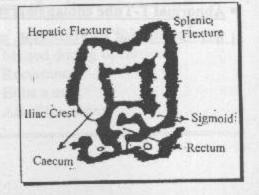


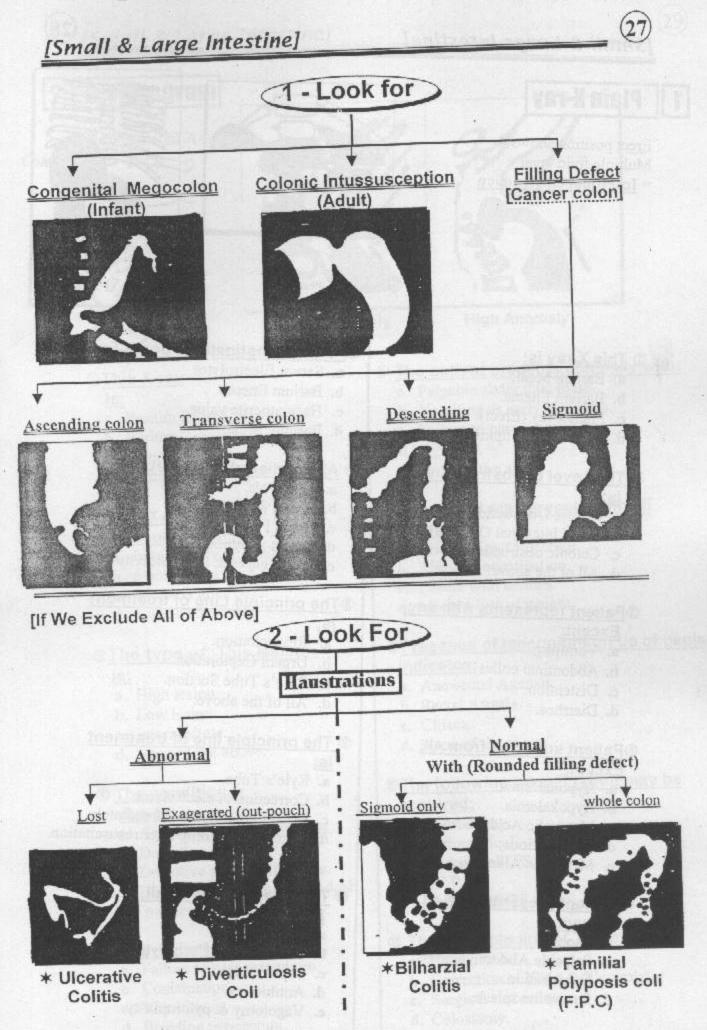
[III] Barium Enema:

Normal Appearance Shows All parts of colon

With The Haustrations are obivious.

- ② Hepatic Flexture is Lower Than splenic Flexture.
- 3 Caecum lies in Rt. Iliac fossa.





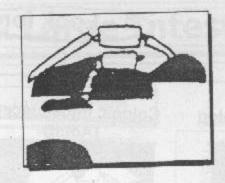
[Small & Large Intestine]

28)

1 Plain X-ray

Erect position shows Multiple fluid level

= Intestinal Obstruction





1 This X-ray is:

- a. Barium Meal.
- b. Barium Enema.
- e. Plain x-ray (Erect).
- d. Plain x-ray (Supine).

② The Level of obstruction

is:

- a. Pyloric Obstruction.
- b. Small Intestinal Obstruction.
- c. Colonic obstruction.
- d. All of the above.

③ Patient represents with any, Except:

- a. Vomiting.
- b. Abdominal colics.
- c. Distention.
- d. Diarrhea.

Patient suffering from All, Except.

- a. Hyponatremia.
- b. Hypokalemia.
- c. Metabolic Acidosis.
- d. Dehydration.
- e. Metabolic Alkalosis.

⑤ Patient presents with all, Except.

- a. Shock.
- b. Palpable Abdominal mass.
- c. Dehydration.
 - d. Succusion splash.

©All are Investigations done, Except:

- a. Serum Electrolytes.
- b. Barium Enema.
- c. Haematocrite value.
- d. Barium, Meal.

② All are disturbed, Except:

- a. Serum Na.
- b. Serum K.
- c. Blood P.H.
- d. Serum Albumin.
- e. Blood gases & Haematocrite value.

The principle Line of treatment

is:

- a. Resuscitation.
- b. Urgent Exploration.
- c. Ryle's Tube Suction.
- d. All of the above.

The principle line of treatment

is:

- a. Ryle's Tube.
- b. Correction of electrolytes.
- c. Urgent laparotomy immediately
- d. Urgent laparotomy after resuscitation.

Treatment Could be all, Except:

- a. Ryle's tube.
- b. Correction of electrolytes.
- c. Laparotomy.
- d. Antibiotics.
- e. Vagotomy & pyloroplasty.

2 Invertogram

Imperforated Anus









Low Anomaly

High Anomaly

①This X-ray

is

- a. Barium Enema.
- b. Barium.
- c. Invertogram.
- d. Plain X-ray.

② This X-ray

is usually done:

- a. Immediately after birth.
- b. 6 hours after birth.
- e. 24 hours after birth.
- d. 1 week after birth.

The type of This lesion

is:

- a. High lesion.
- b. Low lesion.
- c. Intermediate.
- d. None of the above.

The condition is due to:

- a. Agenesis of rectum & Anus.
- b. Defective sympathetic.
- c. Defective para-sympathetic.
- d. Defective rupture of proctodeal membrane.

The patient presents with:

- a. Failure to pass meconium.
- b. Constipation.
- c. Vomiting.
- d. Bleeding per-rectum.

© The patient presents clinically with:

- a. Palpable abdominal mass.
- b. Vomiting as early symptom.
- c. Failure to pass meconium.
- d. Dyspnea.
- e. None of the above.

The patient may present with all Except:

- a. Urinary Tract Infection.
- b. Absolute constipation.
- c. Fistula with urethra.
- d. Marked loss of weight.

® Presence of meconium on tip of penis indicates:

- a. Ano-rectal Agensis.
- b. Rectal Atresia.
- c. Cloaca.
- d. None of the above.

The following investigation may be required:

- a. Chest-X-ray.
- b. Barium Meal.
- c. Abdominal U/S.
- d. I.V.P.
- e. Abdominal CT scan.

The principle line of Treatment is:

- a. Ryle's tube.
- b. Correction of Fluid & Electrolyte.
- e. Surgical correction.
- d. Colostomy.
- e. None of the above.

3 Congenital Megacolon (Infant)

Marked dilatation of signal discolor with distal funnelling of Anal canal i.e Hirschsprung's Disease





1) This x-ray is:

- a. Barium Meal.
- b. Plain X-ray.
- c. Barium Enema.
- d. None of the above.

The following is observed Except:

- a. X-ray infant (lat. View).
- b. Narrow anal canal & Rectum.
- c. Dilatation start from Recto-sigmoid.
- d. Multiple fluid level.

3 The Lesion is:

- a. Congenital.
- b. Traumatic.
- c. Inflammtory.
- d. Neoplastic.
- e. Others

This Lesion is 2 ry to:

- a. Familial Polyposis Coli.
- b. Bilharzial Polyposis.
- c. Defect in sympathetic fibers.
- d. Defect in para-sympathetic fibers.
- e. Defect in protodeal membrane.

The patient presents with:

- a. Constipation.
- b. Failure to pass meconium.
- c. Vomiting.
- d. Bleeding per-rectum.
- e. All of the above.

@patient presents with all, Except:

- a. Marked abdominal distension
- b. Dyspnea.
- c. Palpable abdominal mass.
- d. Neonatal diarrhoca.

Dignosis does not depend on:

- a. Biopsy of rectum.
- b. Typical Barium Enema.
- c. History of chronic constipation.
- d. Ano-rectal manometery.
- e. Exploration.

® The most imp. Investigation is:

- a. History of chronic constipation.
- b. Baruim Enema.
- c. P/R Examination.
- d. Abdominal distension.
- e. Rectal biopsy.

The principle line of treatment is:

- a. Laxative.
- b. Proximal Colostomy.
- c. Dilatation.
- d. All of the above.
- e. None of the above.

® The Treatment is by:

- a. Direct cruciate incion.
- b. Temporary pelvic Colostomy.
- c. Abdomino-perineal resetion with Terminal Colostomy.
- Localized resection of colon with reconstruction of continuity.

4 Colonic Intussusception

Sudden Arrest of Barium at the level of the Transverse Colon in a Cresentic manner i.e Claw sign



1 This x-ray is:

- a. Barium Enema.
- b. Plain x-ray (Erect).
- c. Telepaque.
- d. Plain x-ray (Supine).

@ The Radiological sign is:

- a. Irregular filling defect.
- b. Claw sign
- c. Colonic stricture.
- d. None of the above.

3 The Most accepted diagnosis:

- a. Cancer Transverse colon.
- b. Volvulus.
- c. Intussuception.
- d. Gall stone Heus.

The patient represents by all, Except:

- a. Faccal vomiting.
- b. Abdominal distention.
- c. Absolute constipation.
- d. Mass at Rt. Iliac fossa.

All are possible complication, Except:

- a. Peritonitis.
- b. Septicaemia.
- c. Hypokalaemia.
- d. Hyponatraemia.
- e. Hypoalbuminaemia.

The principle line of treatment:

- a. Ryle's Tube.
- b. Fluid & Electrolytes correction.
- c. Surgical correction.
- d. Rectal Tube decompression.

5 Cancer Ascending & Transverse colon

* Cancer Ascending Colon



*Cancer Transverse Colon



1 This x-ray is:

- a. Barium Follow-through.
- b. Barium Meal.
- c. Barium Enema.
- d. None of the above.

The Cause of this lesion is not:

- a. Dietery.
- b. Familial polyposis coli.
- c. Ulcerative colitis.
- d. Bilharzial colitis.
- e. Adenomatous polyp.

The patient presents

with:

- a. Diarrhea.
- b. Constipation.
- c. Either a or b.
- d. Melena.

The patient presents with All.

- Except: a. Marked Anaemia.
- b. Jaundice.
- c. Chronic constipation.
- d. Chronic diarrhaea.

The patient presents with all, Except:

- a. Enlarged liver.
- b. Spurious diarrhoea.
- c. Bleeding per-rectum.
- d. Abdominal distention.

<u>All are Essential Investigations.</u> Except:

- a. Stool Analysis.
- b. Liver function tests.
- c. Sigmoidoscopy & biopsy.
- d. C. E. A.

Treatment Could be:

- a. Pelvic colostomy.
- b. Lt. Hemi-colectomy.
- c. A-P resection.
- d. All of the above.
- e. None of the above.

® Treatment, doeo not include:

- a. Rt. Hemi-colectomy.
- b. Pelvic colostomy.
- c. lleo-transverse Anastomosis
- d. Transverie colostomy with end to end anastomosis.

6

Cancer descending & sigmoid colon





1 patient presents

with

- a. Chronic progressive constipation.
- b. Dysentry.
- c. Vomiting.
- d. Diarrhoea.

patient presents clinically with

all Except:

- a. chronic constipation.
- b. Spurious diarrhoea.
- c. Palpable tumor mass.
- d. Mass at root of neck.

③ All are possble complications Except:

- a. peritonitis.
- b. Ascites.
- c. Intestinal obstruction.
- d. Dehydration.

Investigations include:

- a. Stool analysis.
- b. Endoscopic biopsy.
- c. Abdominal U/S.
- d. All of the above.

The diagnostic investigation

is:

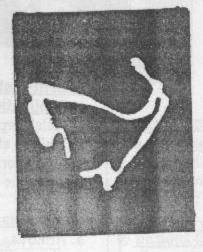
- a. C Tsan.
- b. Colonoscopy & biopsy.
- c. Stool analysis.
- d. Carcino-Embryonic Antigen.

The principle line of ttt with inoperable cases is:

- a. Lt. Hemi-colectomy.
- b. Transverse colostomy.
- c. Radiotherapy.
- d. Rectal tube decompression.

Ulcerative Colitis

loss of Haustrations with marrow contrated colon i.e Pipe-stem appeanance.



This x-ray

is:

- a. Barium Meal
- b. Barium Enema.
- c. Barium Follow through.
- d. Plain X-ray.

The following is observed:

- a. narrow contracted colon.
- b. Pipe stem colon.
- c. Ribbon shaped colon.
- d. All of the above.

- b. Skin lesion.
- d. Liver cirrhosis.
- e. All of the above.

The lesion may be related to:

- a. Auto-immune.
- b. Allergic.
- c. Genetic.
- d. Environmental.
- e. All of the above.

The patient presents clinically

- a. Severe Colics.
- b. Diarrhoea.
- c. Bleeding per-rectum.
- d. All of the above.

6 It is associated with:

c. Malignancy.

- a. Arthritis.
- c. Sclerosing Cholangitis.

⑤ Patient liable for the following

complications, Except:

a. Toxic megacolon.

b. Severe bleeding.

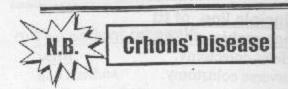
d. Fistula formation.

The principle line of treatment

- a. Anti-diarrhocal drugs.
- b. Intestinal Antiseptics.
- c. Salazopyrine.
- d. Total Procto-colectomy.

The treatment with Advanced (chronic) Cases:

- a. I. V steroids.
- b. Immuno & Chemotherapy.
- c. Total Procto-colectomy.
- d. None of the above.





1 This X-ray is

- a. Barium Meal.
- b. Barium Enema.
- c. Barium follow through.
- d. X-ray (plain).

② The following is observed:

- a. Narrowing contracted colon.
- b. Ripe stem colon.
- c. Ribbon shaped colon. .
- d. Narrowing of ileum.

3 This Lesion may be related to:

- a. Auto-immune.
- b. Allergic.
- c. Genetic.
- d. Environmental.
- e. All of the above.

The patient presents clinically with except:

- a. Severe colics.
- b. Diarrhae.
- c. Bleeding per rectum.
- d. All of the above.

The lesion is:

- a. Non specific ulceration.
- b. Non specific granuloma.
- c. a or b
- d. None of the above.

- a. Malabsorption.
- b. Perianal abscess.
- c. Fistula formation.
- d. All of the above.

② It is associated with

- a. Arthritis.
- b. Skin lesion.
- c. Sclerosing cholangitis.
- d. Liver cirrhosis.
- e. All of the above.

Investigation of choice:

- a. Barium meal follow through.
- b. Proctoscopy.
- c. Blood picture.
- d. All of the above.

The principle line of treatment is:

- a. Anti-diarrhaeal drugs.
- b. Intestinal antiseptics.
- c. Salasopyrine.
- d. Total procto-colectomy.

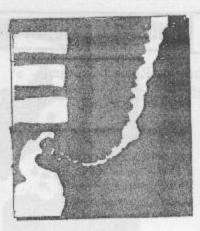
The treatment with advanced (chronic) cases:

- a. I.V steroids.
- b. Immuno & chemotherapy.
- c. Localized resection of affected loop.
- d. None of the above.

8 Diverticulosis coli

Exagerated Haustrations
With out- pouching.
i.e. Saw teeth appearance





1 This X-ray is:

- a. Barium Enema.
- b. Barium Meal.
- c. Invertogram.
- d. Plain x-ray.

The following is observed:

- a. Sawteeth appearance.
- b. Out-pouch of contrast.
- c. Out-pouch with narrow neck.
- d. Narrow lumen.
- e. All of the above.

The Aetiology of this lesion

is:

- a. Congenital.
- b. Traumatic.
- c. Neoplastic.
- d. None of the above.

The commonest predisposing factor is:

- a. Diarrhoea.
- b. Malignant stricture.
- c. Constipation.
- d. Para-sympathetic defect.
- e. None of the above.

The lesion affect all, Except:

- a. Sigmoid.
 - b. Ascending colon.
 - c. Descending colon.
 - d. Rectum.
 - e. Transverse colon.

@ Patient presents with:

- a. Constipation.
- b. Diarrhoea.
- c. Melena.
- d. All of the above.

@ patient presents with all.

Except:

- a. constipation.
- b. Anal fissure.
- c. Mass in Lt iliac fossa.
- d. Intestinal obstruction.

® The Following is associated:

- a. Gall stones.
- b. Hiatus Hernia.
- c. Constipation.
- d. All of the above.
- e. None of the above.

© Complications don't include:

- a. Infection.
- b. Bleeding.
- c. Fistula.
- d. Obstruction.
- e. Malignancy.

The principle line of Treatment

- is:
- a. Anti-spasmodics.
- b. Correct constipation.
- c. Sigmoid colectomy.
- d. Antibiotics.
- e. None.

[Small & Large Intestine]

36)

9 Bilharzial polyposis (colitis)

Multiple Rounded Filling defects at sigmoid only



1 This x-ray is:

- a. Barium Enema.
- b. Barium meal.
- c. Plain x-ray.
- d. Invertogram.

② The patient presents with:

- a. Anaemia.
- b. Tenesmus.
- c. Dyspepsia.
- d. All of the above.
- e. None of the above.

③ Complications include.

- a. Haemorrhage.
- b. Anaemia.
- c. Rectal prolapse.
- d. All of the above.
- e. None of the above.

Complications don't include.

- a. carcinoma.
- b. Acute intestinal obstruction.
- c. a & b.
- d. Anaemia.
- e. Rectal prolapse.

Abdominal Examination does not reveal:

- a. mass in Lt iliac fossa.
- b. Abdominal distension.
- c. Mass in Rt. iliac fossa.
- d. Rectal mass.

Investigations do not include:

- a. Barium swollow.
- b. Endoscopy.
- c. Spleno portography.
- d. P. T. C.
- e. None of the above.

The most reliable investigation

is:

- a. Barium Enema.
- b. P/R Examination.
- c. Stool Analysis.
- d. Colonoscopy & biopsy.

The principle line of treatment

is:

- a. Anti-bilharzial drugs.
- b. Sigmoidoscopic removal of polyps.
- c. Sigmoid colectomy.
- d. None of the above.

Treatment includes:

- a. Praziquantal.
- b. Iron preparation.
- c. Aldactone.
- d. All of the above.
- e. None of the above.

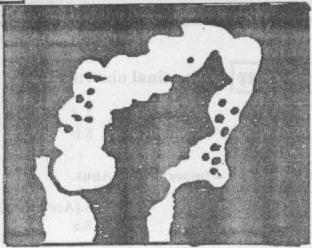
persistent bleeding not esponding to medical treatment is managed by:

- a. Anti-bilharzial drugs.
- b. Blood transfusion.
- c. Sigmoidoscopic removal of polyps.
- d. Sigmoid colectomy

10 Familial Polyposis Coli

(F. P. C)

Multiple Rounded Filling defects at Whole colon



① This X-ray is:

- a. Barium Enema.
- b. Barium meal.
- c. Barium swallow.
- d. Plain x-ray.

2 The following will observed:

- a. Barium Enema.
- b. Multiple filling defects.
- c. A&b.
- d. Affect the sigmoid only.
- e. All of the above.

3 The Aetiology of this lesion is:

- a. Neoplastic.
- b. Inflammatory.
- c. Hormonal.
- d. Congenital.
- e. None of the above.

- a. Diarrhoea.
- b. Dysentery.
- c. Bleeding per-rectum.
- d. Lower abdominal pain.
- e. Intestinal obstruction.

⑤Patients present with all, Except:

- a. chronic diarrhoea.
- b. Bleeding per-rectum.
- Mass of skull & mandible.
- d. Peritonitis.

© Lesion may be assciated with:

- a. Osteoma of skull & mandible.
- b. Multiple sebacous cyst.
- c. Desmoid Tumor.
- d. All of the above.

The serious complication

is:

- a. Stricture formation.
- b. Malignant Transformation.
- c. Severe bleeding.
- d. None of the obove.

® The incidence of malignant transformation is:

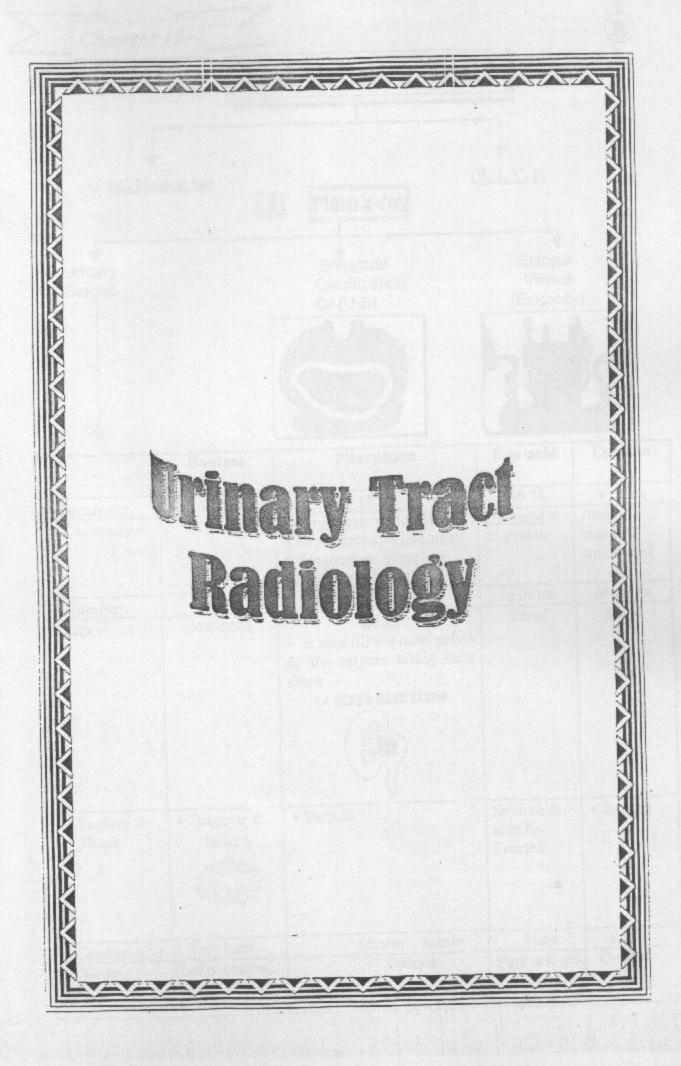
- a. 0%.
- b. 100%.
- c. 10-20%.
- d. 30-40%.

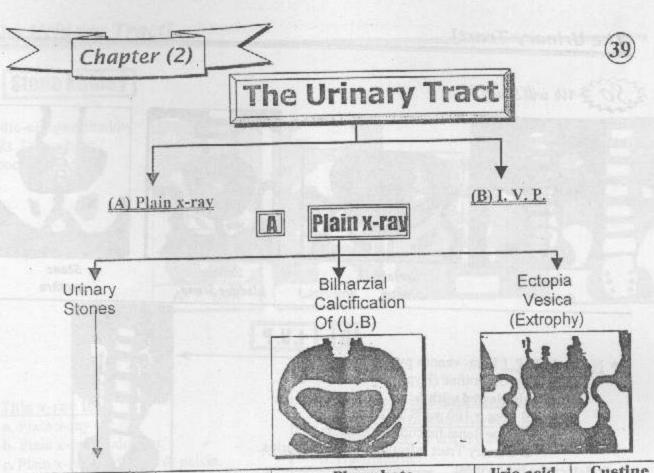
- a. Stool analysis.
- b. Endoscopy & Biopsy.
- c. Barium Enema.
- d. All of the above.
- e. None of the above.

The principle line of treatment is:

- a. Total procto-colectomy.
- b. Sigmoidoscopic removal of polyps.
- c. Immunotherapy & Chemotherapy.
- d. Anti-diarrhoeal drugs.

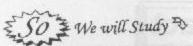
[Sm	all & Large	Intestine]				38
			Answer	s &	36	
1	Plain X-ray	= Intestinal	obstruction	8		
	1.c 6.d	2.b 7.d	3.d 8.b	4.e 9.d	5.d 10.e	
2 In	vertogram	= Imperforate	d Anus.			
	1.e 6.e	2.c 7.d	3.(Accordi 8.a	ng) 4.:		.a 0.e
3 C	ongenital Me	gacolon = 1	Hirschspruin	g's dieases		
log	1.c 6.d	2.d 7.e	3.a 8.e	4. 9.		.a 0.d
4 Co	lonic Intuss	usception				
	l.a	2.b	3.c	4.d	5.e	6.c
5 Ca	ncer Ascent	ling & Transv	erse colon			
	1.e 6.e	2.d 7.e	3.a 8.b	4.c	5.b	
6 Ca	ancer Desce	nding & Sigm	old colon			
enmi h	1.a	2.e	3.d	4.d	5.b	5. b
7 UI	cerative coli	1.b 6.e	2.d 7.c	3.e 8.c	4.d	5.d
	<u>N.B.</u> : <u>Chro</u>	n's disease	2. d	3. e	4. c	5. b
8 D	iverticulosis	6 4	7. e	8. a	9. e	V + M
	1.a 6.a	2.e 7.b	3.d 8.d	4.c 9.e	5.d 10.b	
9 Bi	ilharzial poly	posis (Coliti	s)	ersnieg (waie		
ini fine	1.a 6.d	2.d 7.d	3.d 8.a	4.c 9.d	5.c 10.c	
10 F	amilial poly	osis Coll				
	1.a	2.c 7.b	3.d 8.b	4.e 9.d	5.d 10.a	1





	Oxalate	Phosphate	Uric acid	Cystine	
T. dance	70 %	15 %	7-9 %	V. rare	
Incidence Chemistry: -	Ca oxalate	Ca phosphate or combine with Ammonium phosphate & Magnesium phosphate i.e Triple phosphate	ca oxalate	Non- essential amino acid	
* Number :	Single	Single or multiple	Multiple	Multiple	
• Size :	Moderate	Large It may fill the renal pelvis & the calyces taking their shape i.e stage horn stone	Small	Small	
• Surface & Shape	• Irregular & spiky	• Smooth	Smooth & may be Faceted	• Smooth	
REAL PROPERTY.	Very hard	Chalky, friable	Hard	Soft	
• Consistency: • X-ray:	Radio-opaque Opaque		Pure uric acid stones are radiolucent	Opaque	

[The Urinary Tract]





Renal Stone



Ureteic Stones



Urinary bladder Stone



(40)

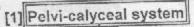
Stone urethra



I.V.P

- * Normal I.V.P [Intra- venous pyelogrophy]
 - The dye: Urografine (Hypaque)
 - · Contraindicated with
 - ① Urea > 100 mg % i.e uracmia.
 - @ Poor Renal function i.e Anuria.
 - ③ Urinary Tract Infection i.e Pyelonephritis.

* It detect the followings:





① Double Ureter



@ Nephroptosis



@ Ectopic kidney



Horse shoe kidney



Hydroureter
 Hydronephrosis



Hypernephroma

[2] Bladder pathology



Cancer bladder



S.E.P



Cancer prostate



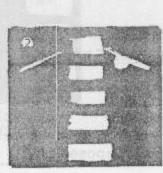
Urethral Diverticulum

1 Stone kidney

Radio-opaque shadow In Rt. Lt., or both hypochondrium.









1 This x-ray is:

- a. Plain x-ray chest.
- b. Plain x-ray Abdomen.
- c. Plain x-ray Abdomen & pelvis.
- d. I.V.P.

② This Lesion could be, Except:

- a. Phosphate.
- b. Oxalate
- c. Uric acid
- d. Cystine

At X-ray (N°3) only Rt. side Lesion is characterized by:

- a. Hard & Fragile
- b. Stony Hard.
- c. Soft
- d. None of the above.

4 The patient presents with all Except:

- a. Renal colics.
- b. Back pain.
- c. Dysuria.
- d. Terminal Haematuria.

At x-ray (No1) only The possible Aetiology are Except:

- a. gall stone.
- b. Rt. Renal stone.
- c. Calcified L.Ns in porta hepatis.
- d. Calcified Rt. renal T.B focus.
- e. Calcified Bilharzial Infestation.

The patient is liable for all These complications are Except.

- a. Obstruction of urinary tract.
- b. Haematuria .
- c. Malignancy of renal pelvis.
- d. Frequency of micturation.

① Investigations include:

- a. I.V.P
- b. Abdominal U/S.
- c. Plain x-ray (lat. View).
- d. All of the above.

At x-ray (N⁰2) only investigations include all Except:

- a. I.V.P
- b. Abdominal U/S.
- c. Plain x-ray (lat. View).
- d. All of the above.

The Best method of prevention is:

- a. Diet.
- b. Fluids.
- c. Medications.
- d. Weight reduction

The most suitable surgical

approach:

- a. Pyelolithotomy.
- b. Nephrolithotomy.
- c. Pyelonephrolithotomy.
- d. Nephrectomy.

N.B Staghorn stone kidney: Ix-rayl

Not need (lat. View)







1) The Lesion is composed of:

- a. Oxalate.
- b. Triple phosphate.
- e. Uric acid.
- d. Cystine.

② The main Aetiology is:

- a. obstruction.
- b. Infection.
- c. Metabolic errors.
- d. Hypercalcaemia.

3 The lesion is characterized by:

- a. soft.
- b. Hard & Fragile
- c. Stone hard.
- d. Radioluscent.

Urine Analysis not show:

- a. Alkaline PH
- b. Acidic PH.
- c. Phosphate crystals.
- d. Pus cells.

Treatment is best done by:

- a. medical.
- b. Surgical.
- c. Endoscopic.
- d. ESWL.

® Treatment does not include:

- a. Pyelolithotomy.
- b. Nephrolithotomy.
- c. Nephrectomy.
- d. Litholapaxy.

2 Stone ureter [x-ray]

usually opposite ₹>

- 1 Transverse lumbar vertebrae
- 2 Sacroiliac Joint.
- 3 Ischeal spine.





1 This x-ray is:

- a. Plain x-ray Chest.
- b. Plain x-ray Abdomen.
- c. Plain x-ray Pelvis.
- d. I.V.P.

② The patient presents mainly by:

- a. Colicky pain.
- b. Loin swelling.
- c. Dysuria.
- d. Haematuria.

[The Urinary Tract]

3 Patient presents with all, Except:

- a. Colicky pain.
- b. Haematuria.
- c. Anuria.
- d. Retention of urine.

All are possible complications, Except:

- a. Hydroureter & Hydronephrosis.
- b. Pyuria.
- c. Anuria.
- d. Interrupted micturation.

S Essential Investigations are:

- a. Kidney Function Tests.
- b. I.V.P.
- c. Urine Analysis.
- d. All of the above.

6 The accepted line of Treatment:

- a. Pyelolithotomy.
- b. Nephrolithotomy.
- c. Cystolithotomy.
- d. Uretrolithotomy.

3 Stone Urinary Bladder





The Lesion is composed of:

- a. Cholesterol.
- b. Pigment.
- c. Uric acid.
- d. Ca oxalate.
- e. Mixed.

The patient presents with all, Except:

- a. Colicky abdominal pain.
- b. Retention of urine.
- c. Burning micturation.
- d. Pyuria.

② The lesion is:

- a. The Commonest type.
- b. The Rarest type.
- c. A rare type.
- d. Extremely rare.

Investigations don't include:

- a. Urine Analysis.
- L IVP
- c. Plain x-ray (lat.veiw).
- d. Serum creatinine.
- e. Blood urea.

The patient presents with all, Except:

- a. Dysuria.
- b. Hesitency.
- c. Painful treminal Haematuria.
- d. Diurnal frequency.

6 The principle line of treatment:

- a. Pyelolithotomy.
- b. Cytolithotomy.
- c. Diuretics.
- d. Urine Antiseptics.
- e. None of the above.

[The Urinary Tract]

44

4 Calcified urinary Bladder

Ix-ray



① This x-ray is:

- a. Plain x-ray chest.
- b. Plain x-ray Abdomen.
- c. Plain x-ray pelvis.
- d. I.V.P.

② The Cordition is 2 ry to:

- a. Chronic Bilharzial cystitis.
- b. T.B cystitis.
- c. Non specific cystitis.
- d. Stone.

3 The incidence of the lesion:

- a. Common in Egypt.
- b. Common at 10-30 years.
- c. Common with male.
- d. All of the above.

The patient presents with all, Except:

- a. Frequency.
- b. Dysuria.
- c. Terminal Haematuria.
- d. None of the above.

⑤ The patient may presents with all, Except:

- a. Supra-pubic pain.
- Supra-pubic fullness.
- c. Dysuria.
- d. Renal colic.
- e. All of the above.

The most serious complication is:

- a. Stone formation.
- b. Malignancy.
- c. Infection.
- d. None of the above.

②All are essential investigations, Except:

- a. Cystoscopy.
- b. I.V.P.
- c. Urine Analysis.
- d. Pelvic sonar.

® Investigations do not include:

- a. Cystoscopy
- b. Cystography.
- c. Barium Enema.
- d. Liver Function Tests.
- e. Aortography.

Treatment is by:

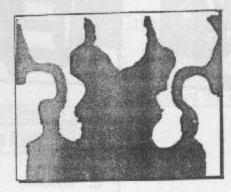
- a. Urinary Antiseptics.
- b. Antibilharzial drugs.
- c. Total cystectomy.
- d. Cystoscopic currettage & litholapexy.
- e. Urinary diversion.

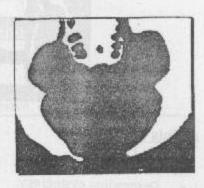
IF associated stricture lower 1/3 of ureter. The Treatment is:

- a. Trans-ureteral Meatotomy.
- b. Excision with end to end anastomoses.
- c. Cysto-ureteroplasty (Boaris)
- d. All of the above.

5 Ectopia Vesica (x-ray)

Deficient symphysis Pubis & both pubic rami





Contact Palei & Continue

1 This x-ray is:

- a. I.V.P
- b. Plain x-ray.
- c. Barium Enema.
- d. None of the above.

② This x-ray shows:

- a. Widening of symphysis pubis.
- b. Stone bladder.
- c. Calcified bladder.
- d. None of the above.

This lesion is Commonly:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.

The Incidence of this lesion:

- a. 1: 50.000 liver birth.
- b. 4 male: 1 Female.
- c. All of the above.
- d. None of the above.

The patient presents with all, Except:

- a. Skin Maceration.
- b. Epispadius.
- c. Waddling gait.
- d. Absent Ant. Wall of bladder.
- e Bladder diverticulum.

6 The lesion may be associated with:

- a. Indirect Inguinal Hernia.
- b. Epispedius with male.
- c. Cleft Clitoris with female.
- d. All of the above.

All are complications. Except:

- a. Cancer bladder.
- b. Renal Infection.
- c. Stone formation.
- d. Excoriation of skin.

® The cause of death:

- a. Acute Renal Failure.
- b. Cancer bladder.
- c. Excoriation of skin.
- d. All of the above.
- e. None of the above.

The principle line of Treatment is:

- a. Plastic Reconstruction.
- b. Cystectomy & urinary diversion.
- e. Urine Antiseptics & A.B.
- d. All of the above.
- e. None of the above.

The complications of urinary diversion are:

- a. Metabolic abnormalities.
- b. Recurrent renal infection.
- c. Predispose to cancer.
- d. All of the above.

1 Double Pelvis & Double ureter



[LV.P]





① This x-ray is:

- a. I.V.P.
- b. Ascending cystography.
- e. Descending cystograpy.
- d. Myodil Myelography.

The commonest predisposing factor is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.

® There is evidence of:

- a. dilated pelvi-calyceal system.
- b. Double ureter & double pelvis.
- c. Irregular filling defect in bladder.
- d. None of the above.

The commonest presentation is:

- a. Silent.
- b. Polyuria.
- c. Pyuria.
- d. Dysuria.

Blood urea suspected to be:

- a. 20-40 mg %.
- b. < 100 mg %.
- c. 100 mg %.
- d. Any of above.

The Ideal Treatment is:

- a. No Treatment.
- b. Nephrectomy.
- e. Cystectomy.
- d. Radiotharapy.

2 Ectopic kidney

II V PI

Ptosed kidney with Short ureter



1 This x-ray is:

- a. LV.P
- b. Ascending cystography.
- c. Descending cystography.
- d. Plain X-ray.
- e. None of the above.

The Aetiology is:

- a. Congenital.
- b. Acquired.
- c. Inflammatory.
- d. Neoplastic.
- e. Traumatic.

② Patient presents

with:

- a. Asymptomatic.
- b. Tender mass in iliac fossa.
- c. a or b.
- d. None of the above.

@ I.V.P may show:

- a. Short ureter.
- b. Long colid ureter.
- e. All of the above.
- d. None of the above.

Aortography shows renal artery aries from:

- a. lower part of Aorta.
- b. Common iliac artery.
- c. All of the above.
- d. None of the above.

© Treatment of choice is:

- a. No treatment.
- b. Nephropexy.
- c. Nephrectomy.
- d. None of the above.

3 Nephroptosis (Mobile kidney)

II.V.P

Ptosed kidney with long coiled ureter



1 This x-ray is:

- a. I.V.P
- b. Ascending cystogrophy
- c. Descending cystogrophy
- d. Plain X-ray.
- e. None of the above.

@ The Aetiology is:

- a. Congenital.
- b. Acquired.
- c. Inflammatory.
- d. Neoplastic.

The Possible Aetiology:

- a. Part of general visceroptosis.
- b. Rapid loss of weight.
- c. Trauma to loin.
- d. All f the above.

Patient presents with:

- a. Renal Colic.
- b. Tender mass in iliac fosa or loin.
- c. All of the above.
- d. None of the above.

The essential investigation is:

- a. I.V.P
- b. Abdominal sonar.
- c. Renal Angiography.
- d. CT Scan abdomen.

6 The Treatment of choice is:

- a. No treatment.
- b. Nephropexy.
- c. Nephrectomy.
- d. None of the above.

4 Horse shoe kidney

[I.V.P]

- · Both kidney at lower level
- · Ureters converge then diverge.



1 This x-ray is:

- a. I.V.P
- b. Plain x-ray.
- c. Aortography.
- d. Cystography.

The Followings may be observed:

- a. Both kidneys at lower level.
- b. Ureters converge then diverge.
- c. Calyces directed medially.
- d. All of the above.

3 The Lesion is due to:

- a. Anomaly of Ascend.
- b. Anomaly of fusion.
- c. Anomaly of Rotation.
- d. All of the above.

The patient presents with:

- a. Asymptomatic.
- b. Stone, infection & Haematuria.
- c. Tender mass below umbilicus.
- d. All of the above.

⑤ Complications do not include:

- a. Hydronephrosis.
- b. Infection.
- c. Stone.
- d. Malignancy.

© Treatment is:

- a. Conservative & Follow up.
- b. Isthmusectomy.
- c. Renal Transplantation.
- d. None of the above.

5 Hydroureter & Hydronephrosis

[I.V.P]

 Dilated ballooned pelvicalyceal system ± dilated ureter.



1 This x-ray is:

- a. I.V.P
- b. Plain x-ray.
- c. Aortography.
- d. Cystography.

② Patient presents with all, Except:

- a. Renal Ballotment.
- b. Abdominal swelling.
- c. Polyuria.
- d. Terminal Haematuria.

[The Urinary Tract]

3 Patient doesn't present early with:

- a. Polyuria.
- b. Loin pain.
- c. Renal mass.
- d. None of the above.

All are complications, Except:

- a. Infection.
- b. Rupture.
- c. Stone formation.
- d. Malignant Transformation.

The blood urea level is:

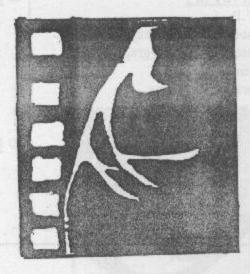
- a. 20-40 mg %
- b. 100-130 mg %.
- c. 150-200 mg%.
- d. 200 mg %.

The principle line of Treatment:

- a. Nephrectomy.
- b. Nephrostomy.
- c. Renal Transplantation.
- d. Deal with distal obstruction.

6 Hypernephroma II.V.P

- · Big soft tissue shadow at upper pole.
- Widening, Compression or Amputation of middle & lower calyces



① This x-ray is:

- a. I.V.P
- b. Ascending pyelography.
- c. Descending pyelography.
- d. Plain x-ray.
- e. None.

The commonest site of origin is:

- a. Upper pole kidney.
- b. Lower pole kidney.
- c. Renal pelvis.
- d. Peri-nephric tissue.

The Repersenting Feature is:

- a. Renal mass.
- b. Total painless Heamaturia.
- c. Renal Hypertension.
- d. Renal failure.

All are complications, Except:

- a. Loss of weight.
- b. Varicocele.
- c. Hypertension.
- d. Renal failure.

The dianostic investigation is:

- a. I.V.P
- b. CT scan.
- c. Urine cytology.
- d. Chest x-ray.

The principle line of treatment:

- a. Chemotherapy.
- b. Radical Nephrectomy.
- c. Total nephro-uretrectomy.
- d. Nephrostomy.



Polycystic kidney I.V.P

Wide calyces separated by cyst in between.



1 This X-ray is:

- a. I.V.P.
- b. Ascending pyelography.
- c. Descending pyelography.
- d. Plain x-ray.
- e. None of the above.

② The underlying pathology is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplasm.

③ Representing feature is:

- a. Ureamia if bilateral.
- b. Pain (Haveness).
- c. Haematuria.
- d. All of the above.

Principle line of treatment is:

- a. Conservative.
- b. Rovsing's operation.
- c.a+b.
- d. None of the above.

7 Uretheal stricture

 Ascending Urothrography shows stricture of the urethra.



① This study is:

- a. I.V.P
- b. Ascending urethrography.
- c. Cystography.
- d. Post-micturation film.

All are Complications, Except

- a. Peri-urethral fistula.
- b. Infertility.
- c. Prostitis.
- d. Malignancy.

② The Aetiology may be:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. All of the above.

3 Patient presents with all, Except:

- a. Retention of urine.
- b. Haematuria.
- c. Pyuria.
- d. Hesitency.

All are essential Investigation Except:

- a. Urethral sound.
- b. Urethrography.
- c. Tranc-rectal sonar.
- d. Descending cystography.

The Principle lie of Treatment is:

- a. Catheterization.
- b. Dilatation.
- c. Surgical Reconstruction.
- d. Supra-pubic cystostomy.

8 Cancer Bladder

II.V.PJ

Either Lateral. Wall or Apical filling defect



① This x-ray:

- a. I.V.P
- b. X-ray.
- c. Aortography.
- d. Urethrogrophy.

② The lesion is mainly 2 ry to:

- a. Chronic Bilharzial cystitis.
- b. Stone bladder.
- c. Aniline dyes.
- d. Villous papilloma.

② Patient presents with all, Except:

- a. Dysuria.
- b. Sciatica.
- c. Terminal Haematuria.
- d. Mass by P/R Examination.

The commonest cause of death is:

- a. Cachexia.
- b. Metastasis.
- c. Uraemia.
- d. Haematuria.

® The Diagnostic Investigation:

- a. P/R Examination.
- b. Urine Cytology.
- c. Staining of tumor in situ.
- d. Cystoscopic Biopsy & Tissue Histology

@ In Early Cases:

The principle line of Treatment is:

- a. Partial cystectomy.
- b. Total Radical cystectomy.
- c. Chemotherapy.
- d. Radiotherapy.

[The Urinary Tract]

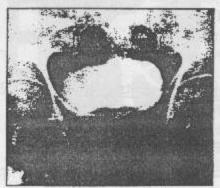
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9 Snile Enlargement prostate (S.E.P) II.V.PI

 Smooth Basal filling defect.



Median defect = Median lobe enlargement



Butterfly defect = 2 lateral lobes enlargement

1 This x-ray shows:

- a. Plain x-ray.
- b. Irregular filling defect.
- c. Smooth basal filling defect.
- d. All of the above.

This lesion affects male over:

- a. 20 years.
- b. 30 years.
- c. 50 years.
- d. None of the above.

The Incidence of this lesion is:

- a. 50 % >50 years.
- b. 30%.
- c. 100 %.
- d. 0%.

The commonest predisposing factor

is:

- a. Traumatic.
- b. Hormonal.
- c. Inflammatory.
- d. Neoplastic.

The following is not Affected:

- a. Median lobe.
- b. Lt. lateral lobe.
- c. Rt. lateral lobe.
- d. Posterior lobe.
- e. None of the above.

6 Patient presents with:

- a. Hesitancy.
- b. Frequency Per night.
- c. Post-micturation dribbling.
- d. All of the above.

The distressing symptom is:

- a. Frequency.
- b. Hesitancy.
- c. Drippling.
- d. Impotence.

All are complications, Except:

- a. Swelling at the groin.
- b. Cystitis.
- c. Diverticulum.
- d. Malignancy.
- e. None of the above.

All are Investigations, Except:

- a. Urine Analysis.
- b. Cystoscopy.
- c. Trans-rectal U/S.
- Alkaline phosphatase enzyme.
- e. None of the above.

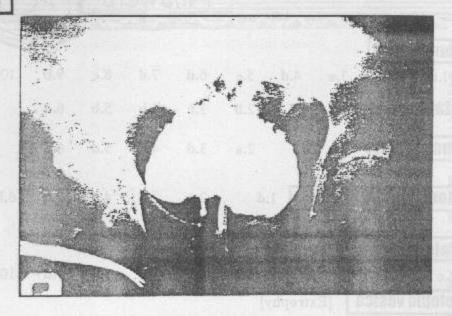
® The principle line of Treatment is:

- Conservative Tratment.
- b. Prostatectomy.
- c. Testosterone injection.
- d. Bilateral orchidectomy.

N.B: Prostatectomy if complicated

10 Cancer prostate

 Irregular Basal filling defect



1 This x-ray is:

- a. I.V.P
- b. Irregular Basal filling defect.
- e. Smooth Apical surface.
- d. All of the above.

2 The Incidence of this lesion is:

- a. Young male.
- b. Old male.
- c. V. old male.
- d. None of the above.

The commonest predisposing factor

is:

- a. S.E.P
- b. Hormonal Imbalance.
- c. Benign Tumors.
- d. None of the above.

The following is affected:

- a. Median lobe.
- b. Posterior lobe.
- c. Rt. lateral lobe.
- d. Lt. lateral lobe.

3 The M/E is:

- a. Adenocarcinoma.
- b. Squawous cell carcinoma.
- e. Transitional cell carcinoma.
- d. None of the above.

6 Patient presents with all, Except:

- a. Urine retention.
- b. Back pains.
- c. Pathological fracture.
- d. Renal colic.

① Usually, 1st symptom is:

- a. Metastasis.
- b. Accidentally.
- c. Urine Retention.
- d. None of the above.

All are Essential Investigations Except:

- a. Serum Acid phosphatase Enzyme.
- b. Prostatic Specific Antigen.
- c. Trans-rectal U/S & Biopsy.
- d. Bone scan.
- e. Abdominal U/S.

The diagnostic Investigation is:

- a. Serum Acid phosphatase Enzyme.
- b. Prostatic Specific Antigen.
- c. Trans-rectal U/S & Biopsy.
- d. Bone scan.

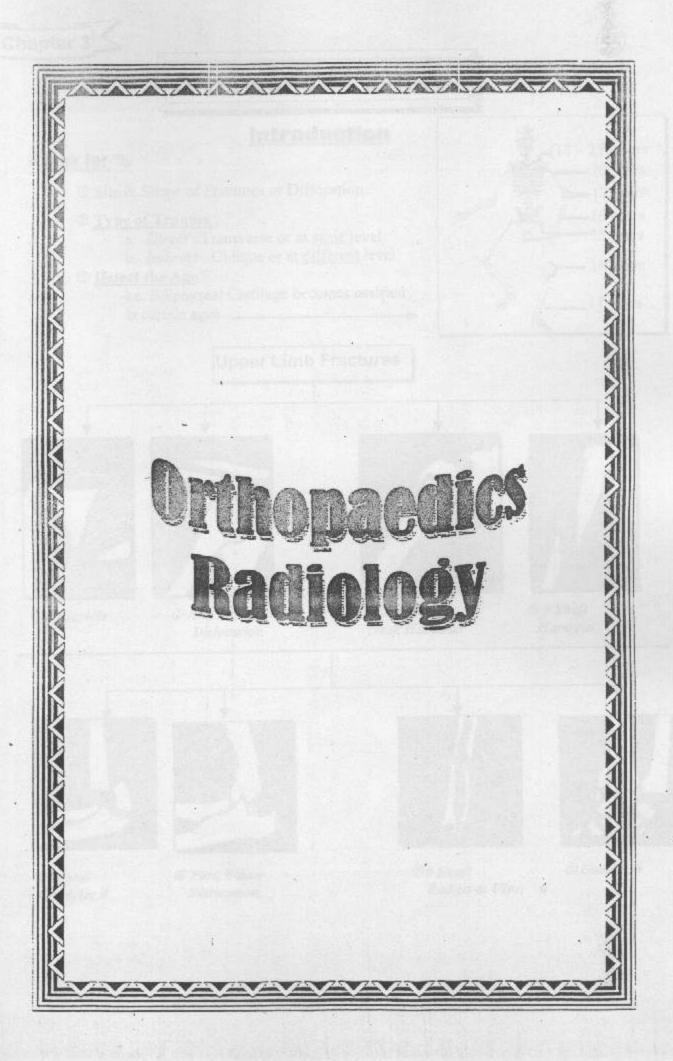
® The principle line of Treatment is:

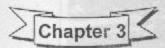
- a. Hormonal treatment.
- b. Radical prostatectomy.
- c. Chemotherapy.
- d. Radiotherapy.
- e. Orchidectomy.

[The Urinary Tract]

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g) Rusta Kalasmaniani prastali	An	swe	rs	1 B		
1 stone kidney				A.	1	
1.c 2.c 3.a 4.d 5.e	6.d	7.d	8.c	9.b	10.a	
N.B staghorn stone 1.b 2.b	3.b	4.b	5.b	6.d		
2 Stone Ureter 1.c 2.a	3. d	4.d	5.d	6.d		
3 Stone urinary Bladder 1.d	2.a	3.b	4.a	5.c	6.b	
4 Calcified urinary Bladder 1.e 2.a 3.d 4.e 5.d	6.b	7.d	8.e	9.d	10.d	
5 Ectopia vesica [Extrophy] 1.b 2.a 3.a 4.c 5.e	6.d	7.c	8.a	9.b	10.d	
		dal	e ine		stram!	li litte il vilinjoni – d
1 Double pelvis & Double ureter	1.a	2.a	3.b	4.a	5.a	6.a
2 Ectopic kidney 1.a 2.a	3	.c	4.a	5.c	6.a	
3 Nephroptosis 1.a 2.b	3.d	4.c	5.e	6. b		
4 Horse shoe kidney 1.a	2.d	3	.d	4.d	5.d	6.a
5 Hydroureter & Hydronephrosis	1.a	2.d	3.c	4.d	5.a	6.d
6 Hypernephroma 1.a 2.a	3, b	4. d	5.b	6. ь		
N.B.: Polycystic kidney: 1.	a	2.a		3. d		4. c
7 urethral stricture 1.b 2.d	3.d	4.d	5.c	6.b		
8 Cancer Bladder						si polyelici en S
1.a 2.a 3.b 4.c	5. d	6.b				2dof maximum 5.d
9 Senile Enlargement prostate	(S.E.P)			olar II zuit s		
	5.d	6.d	7.a	8.d	9.d	10.a
10 Cancer prostate						
1.b 2.c 3.b 4.b	5.a	6.d	7.a	8.e	9.c	10.a

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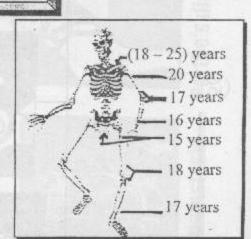
Orthopaedics X-Rays

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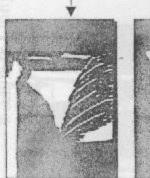
Introduction

* Look For %

- ① Site & Shape of Fractures or Dislocation.
- 2 Type of Trauma:
 - a. Direct: Transverse or at same level.
 - b. Indirect: Oblique or at different level.
- 3 Detect the Age :
 - i.e. Epiphyseal Cartilage becomes ossified at certain ages



Upper Limb Fractures



Clavicle



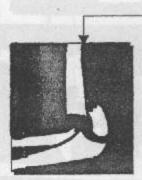
Ant. Shoulder
Dislocation



Surgical Neck Humerus



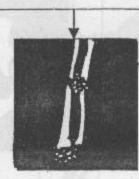
Shaft Humerus



© Supra-Condylar #



© Post. Elbow Dislocation

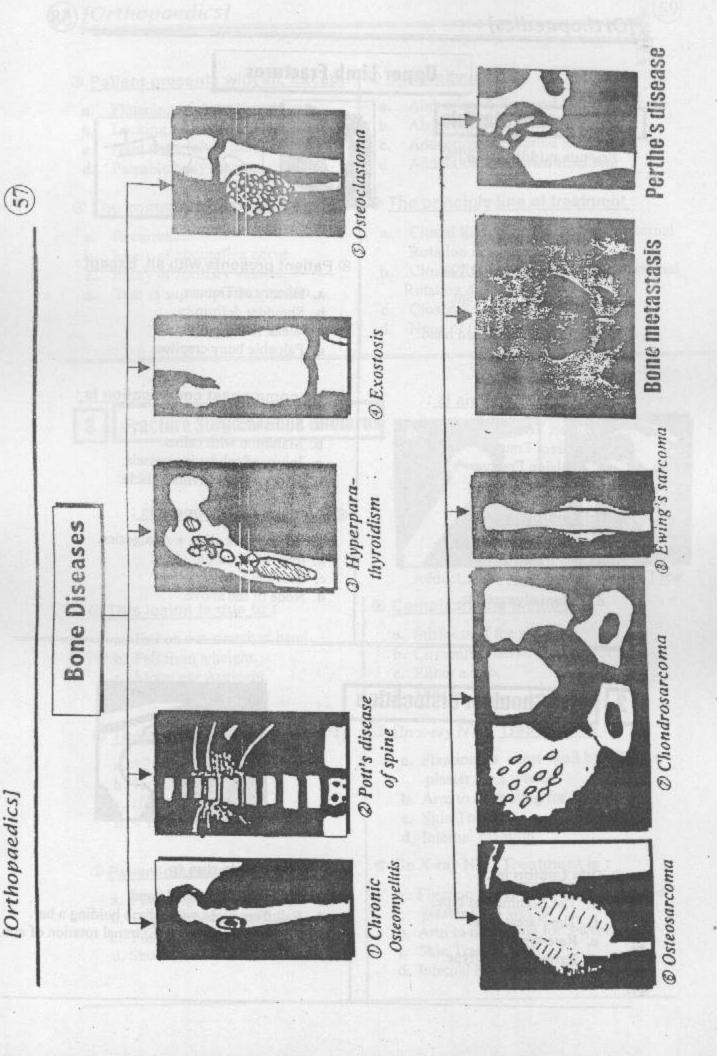


Shaft Radius & Ulna



@ Colle's #

www.DrBacar.com Disc prolapse Plate & screws (20) # Tibia & Fibula .Pott's Ankle Arthroplasty · Partial Hip Lower Limb Fractures Fracture Neck Femur Medullary nail • Intra [Orthopaedics] Post. Distocation of Hip Joint Amputation Fracture pattela # Pelvis



[Orthopaedics]

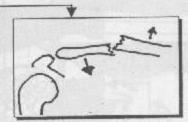


Upper Limb Fractures

1 Fracture Clavicle

Fracture middle 1/3 (80%)





① This Lesion is due to:

- a. Hyperparathyroidism.
- b. Missile injury.
- c. Fall on out-stretched hand.
- d. All of the above.
- e. None of the above.

② The Type of Trauma is:

- a. Direct Trauma.
- b. Indirect Trauma.
- c. Avulsion Fracture.
- d. None of the above.

3 This lesion is:

- a. The commonest site.
- b. The Rarest site.
- c. A Rare site.
- d. Extremely rare site.

Patient presents with all, Except:

- a. History of Trauma.
- b. Shoulder deformity.
- c. Weak radial pulse.
- d. Palpable bony crepitus.

The commonest complication is:

- a. Stiff shoulder.
- b. Malunion with callus.
- c. Injury of subdavian vessels.
- d. Injury of subclavius muscle.

6 Best line of Treatment is:

- a. Arm to neck sling + Analgesics.
- b. Internal Fixation.
- c. Clavicle rings.
- d. None of the above.

2 Ant. Shoulder Dislocation



① This Lesion is:

- a. The Commonest type.
- b. The Rarest type.
- c. Rare type.
- d. Extremely rare type.

② This lesion is due to:

- a. Fall on out-stretched hand.
- Fall from hight with a limb holding a bar.
- c. Forcible extension or External rotation of arm.
- d. All of the above.

[Orthopaedics]

59

③ Patient presents with all, Except:

- a. Flatening of shoulder contour.
- b. Locking of shoulder movements.
- c. Hard mass felt in the axilla.
- d. Palpable bony crepitus.

The commonest complication is:

- a. Recurrence.
- b. Injury of circumflex nerve.
- e. Injury of Axillary vessels.
- d. Tear in supra-spinatus tendon.

⑤ Deformity is :

- a. Abduction & External Rotation
- b. Abduction & Internal Rotation.
- c. Adduction & External Rotation.
- d. Adduction & Internal Rotation.

The principle line of treatment:

- Closed Reduction + Fixation in Internal Rotation & Adduction.
- Closed Reduction + Fixation in External Rotation & Abduction.
- c. Closed Reduction
- d. None of the above.

3 Fracture Surgical Neck Humerus

the orthopal line of business.



Adduction Type



Abduction Type

① This lesion is due to:

- a. Fall on out-stretched hand.
- b. Fall from a height.
- c. Motor car Accident.
- d. Missil injury.

② The age of patient [in x-ray n°2]:

- a. > 20 years.
- b. 15 20 years.
- c. 10 15 years.
- d. < 10 years.

③ Patient presents with all, Except:

- a. Flatening of shoulder contour.
- b. Palpable bony crepitus.
- c. Partial limitation of shoulder.
- d. Shock

Complications include:

- a. Stiffness of the shoulder.
- b. Circumflex nerve injury.
- c. Either a or b.
- d. Shock.

⑤ [In x-ray N°1]: Treatment is:

- a. Fixation to chest wall by adhesive plaster for 3 weeks.
- b. Arm to neck sling for 3 weeks.
- c. Skin Traction.
- d. Internal Fixation

6 [In X-ray N°2] Treatment is:

- a. Fixation to chest wall by adhesive plaster for 3 weeks.
- b. Arm to neck sling for 3 weeks.
- c. Skin Traction.
- d. Internal Fixation.

[Orthopaedics]



4

Fracture shaft of Humerus



1) The Type of fracture is:

- a. Traumatic.
- b. Pathological.
- c. Avulsion.
- d. None.

② The deformity in this x-ray is:

- a. Angulation.
- b. Lateral displacement.
- c. Impaction.
- d. None of above.

3 Patient presents with all, Except

- a. Pain.
- b. Swelling.
- c. Abduction deformity.
- d. Shock.
- e. Limitation of movement.

The Commonest injured structure is:

- a. Median nerve.
- b. Axillary nerve.
- c. Radial nerve.
- d. Ulnar nerve.

The commonest delayed complication is

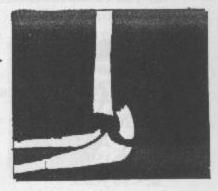
- a. Mal union.
- b. Non union.
- c. Radial nerve injury.
- d. None of the above.

6 The principle line of treatment:

- a. Open Reduction + plate & screws.
- b. Closed Reduction + U shaped slab.
- c. Closed Reduction + Arm to neck sling.
- d. None.

5 | Supra-Condylar Fracture Humerus

Extension Type (99%)



① The causative trauma is:

- a. Fall on out-stretched hands.
- b. Fall on Elbow Joint.
- c. Rotation injury.
- d. None of the above.

② The Deformity is:

- a. Flexion Type.
- b. Extension Type.
- c. Abduction Type.
- d. Adduction Type.

[Orthopaedics]

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③ Patient presents with all, Except:

- a. Diffuse oedema around elbow.
- b. Palpable bony crepitus.
- c. No shortening of arm.
- d. Weak radial pulse.

Complications don't include:

- a. Myositis ossificans.
- b. Volkman's ischaemic contracture.
- c. Sudeck's Atrophy.
- d. Cubitus varus or valgus.

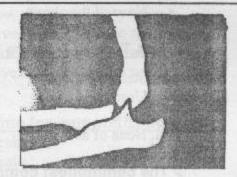
The Essential step during & After reduction is:

- Application of plaster cast.
- b. Correction of carying angle.
- c. Feeling the Radial pulse.
- d. All of the above.

Best line of treatment is:

- a. External fixation in Extension.
- b. External fixation in Flexion.
- c. Internal fixation.
- d. Skin Traction.

6 Posterior Elbow Dislocation



1 This x-ray is :

- a. Ant. Elbow dislocation.
- b. Post. Elbow dislocation.
- c. Supra-condylar fracture humerus.
- d. None of the above.

② The causative trauma is:

- a. Fall on out-stretched hand.
- b. Direct blow.
- c. Fall from a height.
- d. Fall on tip of Elbow.

This lesion may associated with

- a. Fracture coronoid process only.
- b. Fracture olecranon process only.
- c. a& h
- d. None of the above.

Patient presents with all, except:

- a. Swelling around elbow.
- b. Shortening of the arm.
- e. Locking of elbow movements.
- d. Disturbed 3 bony prominences around elbow.

(5) All are complications, Except:

- a. Stiff Elbow joint.
- b. Fracture coronoid process.
- c. Cubitus angle deformity.
- d. Myositis ossificans.

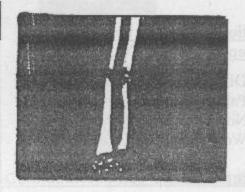
6 The Treatment is :

- a. Closed Reduction + above Elbow cast in flexion.
- Closed Reduction + above Elbow cast in extension.
- c. Open Reduction + Internal Fixation.

[Orthopaedics]



Fracture shaft of ulna & Radius



① Cause of this lesion is:

- Fall on out-stretched hand.
- b. Direct Trauma.
- c. Fall from a high.
- d. All of the above.
- e. None of the above.

② This Type of fracture is always:

- a. Stable.
- b. Unstable.
- c. a or b.
- d. None of above.

3 The commonest complication is:

- a. Mal-union.
- b. Non-union.
- c. Cross-union.
- d. Sound-union.

The Deformity is (in this x-ray):

- Angulation.
- Over-riding.
- c. Impaction.
- d. Lateral displacement.

Best line of Treatment is:

- Closed Reduction + Int. Fixation.
- Open Reduction + Ext. Fixation.
- Open Reduction + Int. Fixation.
- None of above.

6 Internal Fixation by :

- Plate & Screws (6 weeks).
- Smith peterson nail.
- Intra-medullary nail.
- d. None.

Colle's Fracture

Fracture of distal inch of Radius.



Lat. View

① This lesion is due to:

- Fall on out-stretched hand.
- b. Direct trauma.
 - c. Stress fracture.
- d. Any of the above.

② This lesion occurs in :

- Children.
- b. Adult Male.
- c. Old Female.
- d. Old Male.

[Orthopaedics]



3 Common associated injuries are :

- a. Fracture styloid process of ulna.
- b. Fracture styloid process of Radius.
- Tear of Triangular ligament between Radius & Ulna.
- d. All of the above.

The deformity is called:

- a. Dinner Fork deformity.
- b. Old women's Deformity
- c. a&b.
- d. Mad lung deformity.

(5) Patient does not present with :

- a. History of Trauma.
- b. Swelling.
- c. Pain.
- d. Dinner fork deformity.
- e. Crepitus & Abnormal mobility.

6 Complications do not include :

- a. Mal-union.
- b. Sudeck's atrophy.
- c. Myositis ossificans.
- d. Median nerve injury.

The distal segment is displaced:

- a. Upwards, forwards & laterally.
- b. Upwards, backwards & laterally.
- c. Upwards, backwards & medially.
- d. Downwards, forwards & laterally.

® Reduction is done by :

- a. 2 hand grip method.
- b. 3 hand grip method.
- c. No special Technique.
- d. Bohler's splint.

Plaster cast should extend from:

- a. Below elbow to below wrist.
- b. Above elbow to above wrist.
- c. Below elbow to above wrist.
- d. Above elbow to below wrist.

® The Time for immobilization is:

- a. 6 week.
- b. 3 weeks.
- c. 8 weeks.
- d. Any of above.
- e. None of above.

Lower Limb Fractures

1 Fracture Pelvis

[A] Solitary Fracture of pelvis:

e.g. Fracture pubic rami



① This lesion is due to:

- a. Direct blow on the side or front of pelvis.
- b. Rolling on by a falling horse.
- c. Run-over accident.
- d. Side to side crushing force.

② This lesion is called:

- Simple fracture pelvis.
- b. Butter fly fracture pelvis.
- c. Open book fracture pelvis.
- d. None of the above.

[Orthopaedics]



③ Patient present with all, Except:

- a. History of direct Trauma.
- b. Hypovolaemic shock.
- c. Bleeding per urethra.
- d. Limbing.

All are complications, Except:

- a. Oedema of the lower limb.
- b. Hip joint stiffness.
- c. Pulmonary Embolism.
- d. Rupture urethra.

S All are investigations, Except:

- a. C.V.P.
- b. Plain x-ray abdomen.
- c. Pelvic C.T. scan.
- d. Cystography.

Principle line of Treatment is:

- a. Open Reduction + Internal fixation.
- b. Closed Reduction + Hip spica.
- c. Skeletal Traction.
- d. Rest in bed + Analgesics.

[B] Double Fracture of pelvis:

Double fracture in Ant. Segment e.g Butter fly



① The lesion is due to:

- a. Fall from a Heigh.
- b. Run-over accident.
- c. Rolling on by a falling horse.
- d. Side to side crushing force.

② The lesion is called:

- a. Simple fracture pelvis.
- b. Butter fly fracture.
- c. Open book fracture.
- d. None of the above.

All are complications, Except:

- a. DVT.
- b. Shock.
- c. Non union.
- d. Rupture bladder.

⑤ The commonest complication is:

- a. DVT.
- b. Shock.
- c. Pulmonary Embolism.
- d. Rupture urethra.

③ Patient presents with all, Except:

- a. Hypovolaemic shock.
- b. Bleeding per urethra.
- c. Bleeding per rectum.
- d. Difficulty to lift the leg.

® Treatment is :

- a. Reduction + Hip spica (6 weeks).
- Rest in bed + Analgesics.
- c. Skeletal Traction.
- d. Any of the above.

[Orthopaedics]





Post. Dislocation of Hip Joint





① The Causative Trauma is:

- Car accident while patient in the front seat.
- b. Fall of heavy object on pelvis of a person leaning forwards.
- c. a & b.

This Lesion is:

- a. The commonest.
- b. Common.
- c. Rarest.
- d. Rare.

3 The Commonest Radiological sign

is:

- a. Interrupted Shenton's line.
 - b. Disrupted Nelton's line.
 - c. Unequal chean parallel line.
 - d. Disrupted bryant's Triangle.

The Commonest Deformity is:

- a. Flexion, Adduction & Int. rotation.
- b. Extension, Abduction & Ext.
- c. Flexion, Abduction & Int.
- d. Extension, Adduction & Ext.

⑤ Patient presents with all, Except:

- a. Loss of Hip Joint movement.
- b. Pain localized to hip joint.
- Head of femur felt in an abnormal position.
- d. Hypovolaemic shock.

The Treatment

is:

- a. Closed Reduction + Hip spica.
- b. Open Reduction + Int. Fixation.
- c. Skeletal Traction.
- d. Hip Joint Arthroplasty.

3 Fracture Neck Femur

Trans-cervical Fracture:





1 This Lesion is common with:

- a. Old age.
- b. Young.
- c. Adult.
- d. Any of the above.

② Type of this Lesion is :

- a. Subcapital.
- b. Transcervical.
- c. Basal.
- d. Inter-Trachanteric.
- e. Subtrochanteric.

[Orthopaedics]



3 Patient does not presents with:

- a. Pain.
- b. Shortening.
- c. Deformity.
- d. Fever.

Complications do not include:

- a. Avascular necrosis of Head.
- b. D.V.T.
- c. Fever.
- d. Stiffness of Hip Joint.

All may be lines of treatment except:

- a. Smith peterson nail.
- b. Partial Hip Arthroplasty.
- c. Total Hip Arthroplasty.
- d. Plate & screws.

6 The main Treatment is :

- a. Closed Reduction + Skin Traction.
- b. Closed Reduction + Skeletal Traction.
- e. Open Reduction + Plate & screws.
- d. Partial Hip Arthroplasty.



N.B. & Partial Hip Arthroplasty

Austin - moore



② Indicated with all, Except:

- a. Hip dislocation.
- b. Avascular necrosis of femur head.
- c. Early osteoclastoma of femur head.
- d. Hyperparathyroidism of femur head.

® All are complications, Except :

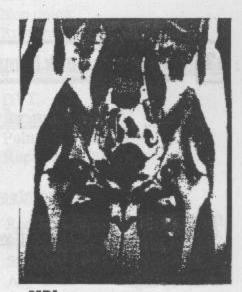
- a. Osteomyelitis of femur.
- b. Loss of rang of mobility of Hip Joint.
- c. Stiffness of Hip Joint.
- d. D.V.T.



MR



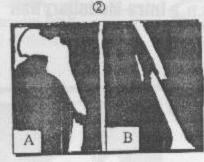
MRI shows: Normal head of femur



MRI shows:
Avascular necrosis of head of femur

Fracture shaft Femur







Upper 1/3

Middle 1/3

Lower 1/3

① [ln X-ray N°2] The Trauma is:

- Direct.
- b. Indirect.
- Avulsion.
- d. None.

@ [In x-ray N°3] Age of patient is:

- a. > 30 years.
- b. 25 30 years.
- c. 20 25 years. .
- d. < 20 years.

③ [In x-ray N° 2A] The deformity is:

- a. Impaction.
- Angulation.
- c. Lateral displacement.
- d. None of the above.

[In x-ray N° 2 B] The fracture is:

- Transverse.
- b. Oblique.
- Comminuted.
- Spiral.

⑤ Patient presents with all, Except:

- Shock.
- Pain.
- Deformity.
- d. Fever.

® [In x-ray Nº1 & 2] All are complications, Except:

- Shock.
- Paralytic Ileus.
- Ischaemic leg contracture.

② [In x-ray N° 1 & 2A] Treatment is:

- Open Reduction + Intra-medullary nail.
- Closed Reduction + Skin Traction.
- Closed Reduction + skeletal Traction.
- Open Reduction + plate & screws.

[In x-ray N° 3] Treatment is:

- a. Open Reduction + Intra-medullary.
- b. Closed Reduction + skin Traction.
- Closed Reduction + Skeletal Traction.
- Open Reduction + plate & screws.



Fracture shaft femur The Age of this patient (<15 years)

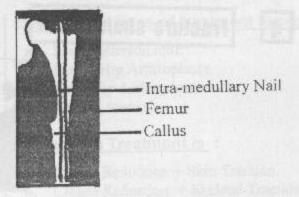
SO the line of Treatment is skin Traction on Thomas splint



[Orthopaedics]







This x-ray shows:

- a. Fracture middle 1/3 femur.
- b. Evidence of callus formation.
- c. Sound union.
- d. All of the above.
- e. None of the above.

1 This x-ray doesn't show:

- a. Anatomical reduction.
- b. Intra-medullary nail.
- c. Smith peterson nail.
- d. Callus formation.

(1) All are Indications, Except:

- a. Adult.
- b. Fit patient.
- c. Patient 5 15 years.
- d. Pathological fracture.

(12) All are contraindications, Except:

- a. Comminuted fracture.
- b. Fracture shaft femur (child).
- c. Supra-condylar fracture femur.
- d. Fracture shaft femur (Adult).

(13) All are complications, Except:

- a. Infection.
- b. Fat Embolism.
- c. Fracture of the Femur.
- d. Mal-union.

(14) If contraindicated, we do

- a. Skeletal Traction on Bohler's.
- b. Skin Traction on Thomas splint.
- c. External skeletal fixation.
- d. None of Above.



Amputation stump



1 This X-ray shows:

- a. Above knee amputation.
- b. Below knee amputation.
- c. Disarticulation of knee joint.
- d. None of the above.

The amputation stump is:

- a. Ideal stump regarding length.
- b. Too long stump.
- c. Too short stump.
- d. None of the above

[Orthopaedics]



② All are indications, except:

- . a. Vascular disease.
 - b. Limb deformity.
 - c. Malignant tumor of the limb.
 - d. Chronic osteomyelitis.

The patient is liable as complication

- a. Osteomyelitis.
- b. Neuroma.
- c. Phantom limb.
- d. All of the above.



Fracture pattela



① This fracture always:

- a. Stable.
- b. Unstable.
- c. Compound.
- d. Comminuted.

3 The commonest complication is:

- a. Sudack's atrophy.
- b. Non union.
- c. Myositis ossificans.
- d. Haemoarthrosis.

② The patient presents with all, except:

- a. Effusion of the knee joint.
- b. Inability of knee extension.
- c. Pain
- d. Distal ischaemic manifestation.

The line of treatment include :

- a. Closed reduction + above knee cast.
- b. Partial patellectomy.
- c. Total patellectomy.
- d. Wire.
- e. All of the above.

5 Fracture Tibia & Fibula

[A] Fracture Tibia alone



① The Causative Trauma is:

- a. Direct.
- b. Indirect.
- c. Avulsion.
- d. None.

② The Fissure is:

- a. Transverse.
 - b. Oblique.
 - c. Spiral.
 - d. Comminuted

This Fracture is always:

- a. Stable.
- b. Unstable.
- c. a or b.
- d. None.

@ Patient presents with all, Except:

- a. Palpable bony crepitus.
- b. Wasting of peroneal muscle.
- c. Shock.
- d. Traumatic wound.

All are complications, Except:

- a. Mal-union.
- b. Non -union.
- c. Cross union.
- d. None.

The main Treatment is:

- a. Open Reduction + Plate & screws.
- b. Open Reduction + Intra medullary Nail.
- c. Closed Reduction + Cast (3 months).
- d. None.

[B] Fracture Tibia & Fibula



① The Causative trauma is:

- a. Direct.
- b. Indirect.
- c. Avulsion.
- d. None.

@ The fissure is:

- a. At same level & Transverse.
- b. At different level & Oblique.
- c. Spiral.
- d. Comminuted.

3 The Fracture is always:

- a. Stable.
- b. Unstable.
- c. a or b.
- d. None.

Patient presents with all, Except:

- a. History of Trauma.
- Inability to walk.
- c. Palpable bony crepitus.
- d. Traumatic Anuria.

⑤ Complications Include :

- a. Non-union.
- b. Mal-union.
- c. Cross union.
- d. All of the above.

6 The main Treatment is:

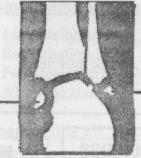
- Open Reduction + Plate & screws for tibia
 alone
- Open Reduction + Plate & screws for Tibia & fibula.
- c. Closed Reduction & Ext. fixation.
- d. None.

6 Pott's Fracture of Ankle

N.B.: If 1 maleolus fracture = 1st Degree.

But 1f 2 maleoli fracture = 2ny Degree.

Medial Malleolus -



Lateral Malleolus

① This x-ray shows:

- a. Fracture lat. maleolus.
- b. Fracture med. Maleolus.
- c. a & b.
- d. None of Above.

② The Radiological Evidence is:

- a. 1st degree.
- b. 2nd degree.
- c. 3rd degree.
- d. None of the above

3 The deformity is:

- a. Abduction eversion.
- b. Adduction inversion.
- c. Vertical compression.
- d. Any of above.

The patient presents with :

- a. History of Trauma.
- b. Pain & oedema.
- c. Ankle displacement.
- d. All of the above.

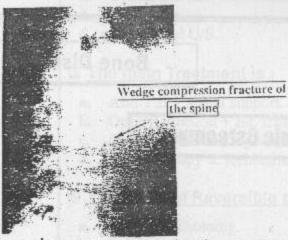
S All are complications, Except:

- a. Non-union.
- b. Dislocation of Ankle.
- c. Sudeck's Atrophy.
- d. Limbing.

The line of Treatment is :

- a. Closed Reduction + Below knee cast.
- b. Open Reduction + Int. Fixation.
- c. Closed Reduction + Skin Traction.
- d. None.

7 Fracture spine



① The underlying aetiology is:

- a. Traumatic.
- b. Inflammatory.
- c. Degenerative.
- d. Neoplastic.

③ All are investigations except:

- a. Myodil study.
- b. C.T. spine.
- c. M.R.I. spine.
- d. E.M.G.

② The patient presenting with all except:

- a. Sever pain.
- b. Internal bleeding.
- c. Spasm of the back muscles.
- d. T.B. toxaemia.

All may be treatment, except:

- a. Rest in bed + physiotherapy.
- b. Injection of intralesional steroid.
- c. Open reduction + internal fixation
- d. External fixation by plaster jacket.

8 Disc prolapse

- (A) Mylography: by myodil
- (B) MRI





O The underlying actiology is

- a. Traumatic.
- b. Inflammatory.
- c. Degenerative.
- d. Neoplastic.

2 The patient presents mainly by:

- a. Motor & sensory changes.
- b. Low backache.
- c. a + b.
- d. Retrosternal pain.

3 All are investigations, except:

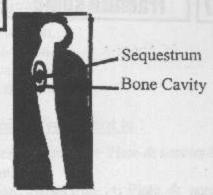
- a. Myodil study.
- b. C.T. spine.
- c. MRI spine.
- d. Manometric study.

The principle line of treatment is:

- a. Conservative.
- b. Laminectomy operation.
- e. Corticosteroids.
- d. Heller's cardiomyotomy.

Bone Diseases

1 Chronic Osteomyelitis



① This X-ray shows:

- a. Bone Thickness.
- b. Sequestrum.
- c. Bony cavity.
- d. All of the above

② This Lesion is due to:

- a. Congenital.
- b. Traumatic.
- c. Neoplastic.
- d. Inflammatory.

3 The Lesion is due to:

Inadequately osteomyelitis.

treated

acute

- b. Acute pyogenic abscess.
- c. a & b.

@ Patient presents with all, Except:

- a. Thickened tender bone.
- b. Tender skin over.
- c. Remission & Exacerbation.
- d. Multiple sinuses.

© Complications include:

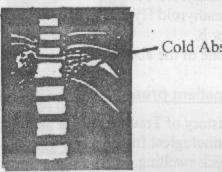
- a. Limb deformity.
- b. Exacerbation.
- c. Pathological fracture.
- d. All of the above.

6 Treatment is all, Except:

- a. Sequestrectomy.
- b. Saucerization.
- c. Winnet orr Technique.
- d. Readiotherapy.

2 Pott's disease of spine T.B disease

More than one vertebra are affected with destruction of Inter-vertebral disc.



① This Lesion is due to:

instead Removal of parallyroid plant

Open reduction 4 Int. fixution.

- a. Fracture.
- b. Syphilis.
- c. T.B.
- d. Metastasis.

© The main presentation is :

- a. Cold Abscess.
- b. Paraplegia.
- c. Pain.
- d. Spine deformity.

3 Patient presents with:

- a. Low grade fever.
- b. Haemoptysis.
- c. Paraplegia.
- d. All of the above.

All are essential Investigations, Except

- a. Chest x-ray.
- b. Tuberculin test.
- c. MRI spine.
- d. Abdominal U/S.

The main Treatment is:

- a. Anti T.B + spinal support.
- b. Open Reduction + Int. fixation.
- c. Closed Reduction + plaster Jacket.
- d. Physiotherapy & Rehabilitation.

6 Treatment of Reversible paraplegia is:

- a. Lateral Rachotomy.
- b. Laminectomy.
- c. Costo-Transversectomy.
- d. None.

[Orthopaedics]

74)

3

Hyperparathyroidism

Osteitis fibrosa cystica (multiple bone cysts) of femur.



① This x-ray shows:

- a. Rarifaction of bone.
- b. Multiple cysts.
- c. a&b.
- d. None of the above.

The lesion is due to:

- a. Parathyroid Tumor.
- b. Parathyroid Hyperplasia.
- c. a or b.
- d. None of the above.

3 The patient presents with all, Except:

- a. History of Trauma.
- b. Pathological fracture.
- c. Neck swelling.
- d. Malignant bone changes.

The following occur, Except

- a. † Serum Ca level.
- b. \(\frac{1}{2}\) Serum parathormone.
- c. ↓ Serum phosphorus.
- d. † Serum phosphorus.

All are Investigations, Except:

- a. Neck sonar.
- b. Skeletal x-ray.
- e. Serum parathormone.
- d. Bone scan.

® The Treatment is:

- a. Surgical Removal of parathyroid gland.
- b. Open reduction + Int. fixation.
- c. Ca supplementaion + vit. D.
- Radiotherapy.



Osteochondroma

Exostosis = Cartilage Capped Exostosis

The only Tumor has a pedicle which Arises from metophysis away from Epiphysis.





① The Aetiology is:

- a. Malignant.
- b. Endocrinal.
- Localized disturbance of bone growth
- d. None.

2 The Age of the patient:

- a. < 10 years.
- b. 10-20 years.
- c. 20 years.
- d. None.

[Orthopaedics]

75

3 The patient presents with all, Except

- a. Egg shell crakling sensation.
- b. Painless swelling.
- c. Limitation of knee movement.
- d. Distal limb paraesthesia.

@ Complications include:

- a. Mechanical block of knee Joint.
- b. Fracture of pedicle.
- c. Sarcoma 5%.
- d. All of the above.

S Complications do not include :

- a. Distal paraesthesia.
- b. Pathological fracture.
- c. Deformity.
- d. Osteomyelitis.

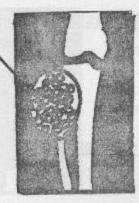
6 The Treatment is:

- a. Radiotherapy.
- b. Surgical Excision + Biopsy.
- c. Amputation.
- d. Physiotherapy.

5 Osteoclastoma (Giant Cell Tumor)

(Locally Malignant)

- It arises from Epiphysis > 20 years.
- •It shows Soap bubles appearance.
 - Medullary plug of fibula.



① This x-ray shows :

- a. Bone Expansion.
- b. Soap bubbles appearance.
- c. Well defined mass.
- d. All of the above.

② x-ray does not show:

- a. Patient > 20 years.
- b. Medullary plug.
- c. Epiphyseal lesion.
- d. Codman's Triangle.

3 The patient presents with all, Except

- a. Painless mass.
- b. Well defined mass.
- c. Egg shell crakling sensation.
- d. Overlying skin inflammation.

The commonest complication is:

- a. Sarcoma.
- b. Recurrency.
- c. Pathological fracture.
- d. Pain.

- a. Blood picture.
- b. Open biopsy.
- c. CT scan.
- d. Plain x-ray.

6 The Treatment is:

- a. Excision with safety margin.
- b. Amputation.
- c. Radiotherapy.
- d. Currettage + Bone graft.

[Orthopaedics]



Osteosarcoma

- It arises from Metaphysis.
- It shows
- Sun Rays.
 - Bone Ghost.
 - Codman's A





① This x-ray shows:

- a. Metaphyseal destruction.
- b. Codman's Triangle.
- c. Bone ghost.
- d. All of the above.
- None of the above.

② The Nature of this lesion is:

- Osteoclastoma.
- Osteosarcoma.
- Chondrosarcoma.
- Ewing's sarcoma.

The Earliest presentation is:

- Severe pain.
- b. Swelling.
- c. Cachexia.
- All of the above.

Complications include :

- Lung metastasis.
- Pathological fracture.
- Cachexia.
- All of the above.

⑤ The important Investigation is:

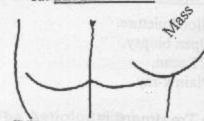
- Chest x-ray.
- Biopsy. b.
- Plain x-ray.
- Blood picture.

The Treatment is:

- Radiotherapy.
- b. Amputation.
- Chemotherapy.
- d. Pre & post Amputation Radiotherapy i.e. Triple attack.

Chondrosarcoma

At Rt. Iliac fossa





This x-ray shows:

- Destruction of the bone outlines.
- b. Radiolucent areas spotted with areas of calcification (fluffy cotton).
- Soft tissue shadow.
- All of the above.

Fluffy Cotton appearance



② The site of this lesion is:

- The Commonest.
- The Rarest.
- Rare.
- Extremely rare.

3 The Age of the patient is:

- a. 10 20 years.
- b. 20 30 years.
- c. 30 40 years.
- **d.** 40 50 years.

Patient presents with:

- a. Dull ache pain.
- b. Gradual mass.
- c. Pathological fracture.
- d. All of the above.

⑤ The Treatment is:

- a. Radiotherapy.
- b. Wide local resection + Prothesis.
- c. Amputation.
- d. Chemotherapy.

® The lesion is mainly:

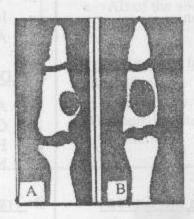
- a. Radio-sensitive.
- b. Radio-resistant.
- c. Radio-responsive.
- d. Radio-curative.



Chondroma

Central osteolytic lesion of phalanx.

- a. Ecchondroma.
- b. Enchondroma.



① The lesion is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic

The patient presents by all except:

- a. Toxaemia and weight loss.
- b. Deformity.
- c. Painless swelling.
- d. Wasting of related muscles.

2 The pathological nature is:

- a. Ecchondroma.
- b. Enchondroma.
- c. T.B. dactylitis.
- d. Bone cyst.

⑤ The patient can presents will all except:

- a. Egg shell cracking sensation.
- b. shortening of the affected bone.
- c. Multiple similar lesions in phalanx.
- d. Deformity of affected bone.

3 The patient can presents with:

- a. Steady continous growth.
- b. Hard bony swelling.
- c. Pathological fracture.
- d. Malignant changes.
- e. All of the above.

® The principle line of treatment is:

- a. Leave alone.
- b. Curettage + bone graft.
- c. Chemotherapy.
- d. Radiotherapy.
- e. Amputation.

[Orthopaedics]

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8

Ewing's Sarcoma

- · It arises from Diaphysis.
- · It shows Onion peel appearance.



① This x-ray shows:

- a. Onion peel appearance.
- b. Raised periosteum.
- c. Diaphyseal destruction.
- d. All of the above.

② This lesion is:

- a. Metaphyseal.
- b. Epiphyseal.
- c. Diaphyseal.
- d. None.

3 Patient presents with all, Except

- a. Severe pain at site of lesion.
- b. Pathological fracture.
- c. Marked cachexia.
- d. Limitation of movement.

The presenting feature is :

- a. Painful mass.
- b. Warm mass.
- c. Intermittent ↑ in Temp.
- d. All of the above.

D.D from:

- a. Acute osteomyelitis.
- Chronic osteomyelitis.
- c. Hyperparathyroidism.
- d. None of above.

© Treatment is:

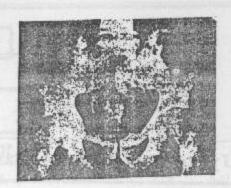
- a. Chemotherapy alone.
- b. Radiotherapy alone.
- c. Amputation.
- d. a & b then c



MRI shows Ewing's Sarcoma



9 Bone metastasis



1) The common 1ry lesions are:

- a. Breast.
- b. Prostate.
- c. Lung.
- d. Kidney.
- e. All of the above.

② The patient presents with:

- a. Pathological fracture.
- b. Bony aches.
- c. Limping.
- d. All of the above.

The essential Investigations are

- a. Bone scan.
- b. Mammography.
- c. Thyroid scan.
- d. Trans-rectal U/S.
- e. All of the above.

@ All are lines of treatment, except:

- a. Radiotherapy.
- b. Chemotherapy.
- e. Hormonal treatment.
- d. Amputation.

10 | Perthe's disease

- Flatening & fragmentation of femoral head.
- · Coxa vera deformity.
- · Epiphyseal disease.



① The Pathological nature is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.

② The underlying aetiology is:

- a. Avascular necrosis.
- b. Septic arthritis.
- c. T.B. hip joint.
- d. None of the above.

3 The commonest complication is:

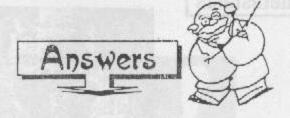
- a. Osteomyelitis.
- b. Sudeck's atrophy.
- c. Hip joint dislocation.
- d. Myositis ossificans.

The principle line of treatment is:

- a. Rest in bed + traction.
- b. Smith Peterson nail.
- c. Austin moore operation.
- d. Antibiotics + rest in bed.

[Orthopaedics]

(80)



Upper Limb Fractures

front terromanness					
1 Fracture c	lavicle				
1. e 0 1 1	2. b	3. a	4. c	5. b	6. a
2 Ant Shoul	der dislocati	on			
1. a	2. d	3. d	4. a	5. a	6. a
3 Fracture S	urgical Neck	Humerus			
1. a	2. b	3. d	4. c	5, b	6. a
4 Fracture	shaft of Hume	rus	LEAD SERVE	ontont languld anvelors solutur	moB of
1. a	2. b	3. d	4. c	5. b	6. b
5 Supra-co	ndylar Fractu	re Humerus			
1. a	2. b	3, c	4. c	5. c	6. a
6 Post Elb	ow Dislocati	on		Edit Biolis	
1. b	2. a	3. a	4. b	5. d	6. a
7 Fracture	Shaft of Uln	a & Radius			
1, b	2. b	3. c	4. d	5. c	6. a
8 Colle's	Fracture				
1 2 2	c 3.d 4	.c 5.e 6	. c 7. b	8. b 9.a	10. a

Lower Limb Fractures

1 Fracture Pelvis

(A) Solitary Fracture pelvis: 1. a 2. a 3. c 4. d 5. d 6. d

(B) Double Fractures pelvis: 1. d 2. b 3. c 4. c 5. b 6. a

2 Post Dislocation of Hip Joint

1. c 2. a 3. a 4. a 5. d 6. a

[Orthopaedics]				tesib	SDAD	disc
3 Fracture Neck Femur]	ozal z				
1. a 2. b 3. d 4. c	5. d 6. d	7. d	8. c			
4 Fracture Shaft Femu			amos			
		. c 7. a	8.d			
N.B.: Intramedullary nai 9. d 10. c	11. c	12. d	13.		14	. а
N.B.: Amputation stump: 1. a 2. d N.B.: Fracture patella: 1. b 2.d	3. a b. 6	4. d 4. e				
Fracture Tibla & Fibu	la a s					
(A) <u>Fracture Tibia Alon</u> (B) <u>Fracture Tibia & Fi</u>	50 Page 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3. a 3.a	4. c 4.d	5. c 5. d	6. a 6. a
Pott's Fracture (A)	ekle)					
1. c 2. b	3. b	4. d		5, d		6. a
Fracture spine						
1.a 2. d	3. d	4. b				
B Disc prolapse						
10 20	3 4	1 h				

Bone disease **Chronic Osteomyelltis** 6. d 5. d 4. b 3. a 2. d Pott's Disease of Spine 6. a 5. a 3. d 4. d 2. d 1. c 4. d 5. d 6. a 3. d

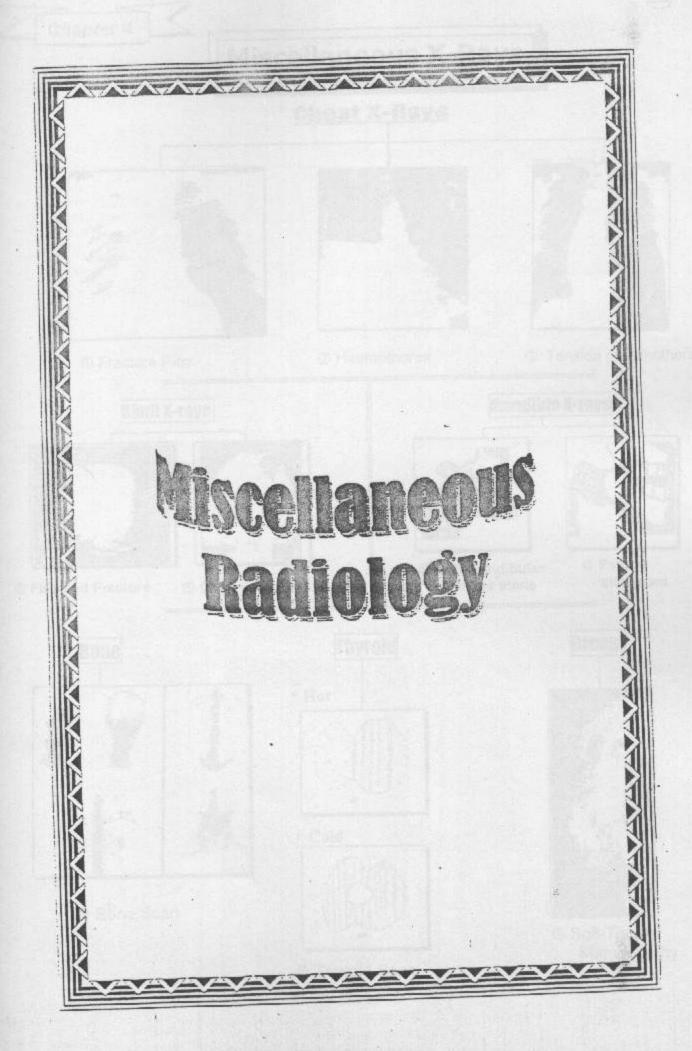
[Orthopaedics]	
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(82)

4 USTGOCII			rtilage Cappe	5, d	6. b
1. c	2. b	3. a	4. d	5, 0	0.0
5 Osteocla	stoma (Giant	cell Tumor)			
1. d	2, d	3. d	4. c	5. b	6. a
6 Osteosa	rcoma				
1, d	2, b	3. a	4. d	5. b	6. 0
7 Chondro	sarcoma		despite on		
1. d	2. a	3. d	4, d	5. b	6. t
N.B. : Cho		ding 3. e		5. a 6	. b
8 Ewing's	Sarcoma				6. 0
1. d	2. c	3, e	4. d	3. a	0.0
9 Bone M	etastasis				
1. e	2. d	3, e	4. d		
n Boxtho'	s disease				

2. a

1. c

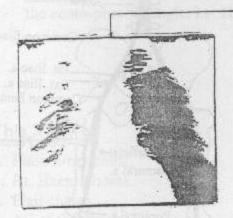


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Chapter 4

Miscellaneous X-Rays

Chest X-Rays



① Fracture Ribs



② Haemothorax



③ Tension pneumothorax

Skull K-rays



(4) Fissured Fracture



(§) Depressed Fracture

Mandible X-rays



Submaindibular salivary stone

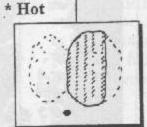


Parotid sialogram

Bone

® Bone Scan

Thyroid



* Cold



Thyroid Scan

Breast



Soft Tissue
 Mamography

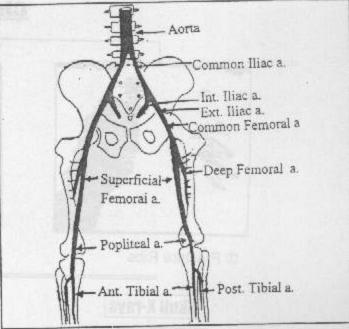
[Miscellaneous X-Rays]

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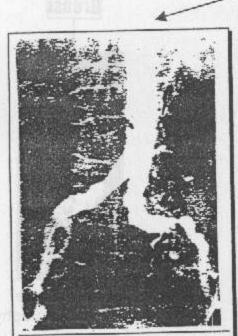


Arteriography

- * Indicated with Ischaemia.
- * Contraindicated with massive gangrene or Burger's disease
- * Values : Give idea about 3
 - 1 Site & length of obstruction.
 - ② State of vessels e.g. stenosis.
 - 3 Distal run off & the collateral circulation.
- * Methods:
 - 1 Direct Trans-lumbar Aortography.
 - ② Retro-grade femoral Aortography.
 - 3 Ante-grade brachial Aortography.
- * The Needle : Seldinger needle.
- ★ The dye : Hypaque = urographin.



The Arterial Blood Supply of the Lower limb



Trans-femoral Aortography demonstrating Atherosclerotic changes of the Aorta



Examples

Translumbar Aortography demonstrating left common iliac block.



Femoral Arteriography demonstrating right superficial femoral block.

[Miscellaneous X-Rays]

(85)

1 Fracture of the Ribs

(Flail Chest)

Multiple fractures of ribs with opacity obliterates the costo-phrenic angle. i.e. Haemothorax.



① This X-ray:

- a. Plain x-ray chest.
- b. Rt. Haemothorax.
- c. Flail chest.
- d. All of the above.

@ The Aetiology of this lesion is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.

3 Patient presents with all, Except:

- a. Severe Rt. Chest pain.
- b. Palpable Rt. Chest crepitus.
- c. Dyspnea & cyanosis.
- d. All of the above.
- e. None of the above

@ Complications include:

- a. Pneumothorax.
- b. Haemothorax.
- c. Chest Infection.
- d. All of the above.

(5) All are complications, Except:

- a. Paradoxical Respiration.
- b. Pendulum Respiration.
- c. Mediastinal Flutter.
- d. All of the above.
- e. None of the above.

(a) If uncomplicated lesion the treatment is:

- Support the affected side with adhesive plaster.
- b. Inter costal nerve block +Analgesic.
- c. Both a & b.

① If complicated lesion as this x-ray the

Treatment is:

- a. Under water seal at 7th space.
- b. Under water seal at 2nd space.
- c. Both a & b.

® Urgent Thoractomy indicated with :

- a. Massive bleeding > 200 ml/h.
- b. Clotted Haemothorax.
- c. Loculated Haemothorax.
- d. Associated Intrathoracic Injuries.
- e. All of the above.

Surgery consists of:

- a. Excision.
- b. Decortication.
- c. Internal fixation by stainless wire.
- d. Lobectomy.

® Tracheostomy is indicated with:

- a. Severe bleeding.
- b. Old age.
- c. Associated Head injury.
- d. Respiratory Embrrasment
- e. Both c & d.

[Miscellaneous X-Rays]

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Don't for get

■ If Fracture Rib (single): Treated by ?>

Adhesive plaster + Analgesic or Inter Costal nerve block.

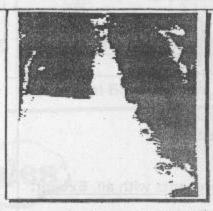
- If Fracture Rib (Multiple): i.e. Flail Chest.
 - a) Small & Uncomplicated: Treated as above.
 - b) Large & Complicated with Haemothorax.
 We do under water seal at 7th intercostal space.

N.B.: Pneumothorax:

We do under water seal at 2nd intercostal space.

2 Haemothorax

Opacity obliterates the costo-phrenic angle & rising to the Axilla



① This X-ray shows:

- a. Fluid level on Rt. side.
- b. Lung collapse on Rt. side.
- c. Obliterated Rt. costo-phrnic angle.
- d. All of the above.

2 The Aetiology may be , Except:

- a. Trauma.
- b. Rupture Aortic Aneurysm.
- c. Bleeding Tumors.
- d. Congenital.

③ Patient presents with all, Except:

- a. Hypovolaemic shock.
- b. Dyspnea.
- c. & Breath sound on Rt. side.
- d. Collapse neck veins on Rt. side.

Examination of Rt. side chest reveals:

- a. Trachea pushed to opposite side.
- b. ↓ Chest movement & ↓ T.V.F.
- c. Dull on perucussion.
- d. breath sound.
- e. All of the above.

The Diagnostic Investigation is:

- a. Chest x-ray.
- b. CT scan chest.
- c. Thoracocentesis.
- d. None of above.

6 The principle line of Treatment:

- a. Under water seal at 7th space.
- b. Under water seal at 2nd space.
- c. Thoracotomy.
- d. All of the above.
- e. None of the above.

3 Tension Pneumothorax

- Total lung collapse with depressed copula of Lt. Side diaphragm.
- Mediastinum shifted to the opposite side.



① This x-ray shows, Except:

- a. Total lung collapse at Lt. side.
- b. Mediastinal shift to opposite side.
- c. Raised elevated diaphragmatic coupla on the affected side.
- d. None of the above.

Datient presents with all, Except:

- a. Cardio-pulmonary dirstress.
- b. Dyspnea & cynosis.
- c. Mediastinal shift.
- d. Mediastinal Flutter.

Aetiology may be, Except:

- a. Penetrating chest injuries.
- b. Rupture Emphysematous bulla.
- c. Pneumoperitoneum.
- d. All of the above
- e. None of the above.

Examination of Lt. side chest reveals all,

Except:

- a. Trachea pushed to opposite side.
- b. ↓ chest movement & ↓ T.V.F.
- c. Dull on percussion.
- d. 4 Breath sound.

The most serious complication is:

- Cardio-respiratory distress.
- b. Neurogenic shock.
- c. Mediastinum shifting.
- d. All of the above.

© The principle line of Treatment is:

- Under water seal at 7th space.
- b. Under water seal at 2nd space.
- c. Urgent Thoracotomy.
- d. All of the above.
- e. None of the above.

4 Fissure Fracture

[Skull]

Fissured Fracture



① This x-ray is :

- a. Plain x-ray skull.
- b. Sialogram.
- c. Angiogram.
- d. C.T. scan.
- e. None of the above.

② The Most Radiological sign is :

- a. Fissured fracture of vault.
- b. Depressed fracture of vault.
- c. Fissured fracture of Base.
- Silver beaten appearance.

[Miscellaneous X-Rays]

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3 Patient presents with all, Except:

- a. Scalp Haematoma.
- b. Brain contusion.
- c. Intra-cranial Tension.
- d. All of the above.
- e. None of the above.

@ The Main complication is:

- a. Intra-cranial Hge.
- b. Extra-dural Hge.
- c. Meningitis.
- d. All of the above.

Management of simple Fissure is:

- a. Observation only.
- b. Excision of wound only.
- c. a&b.
- d. None of the above.

© Management of compound fissure:

- Observation only.
- b. Excision of wound only.
- c. a & b.
- d. None of the above.



Depressed Fracture

[Skull



① The Reliable diagnosis is:

- Fissured fracture vault.
- b. Depressed fracture vault.
- c. Fracture base of skull.
- d. Bone metastasis.

② The Aetiology of this lesion is:

- a. Traumatic.
- b. Neoplastic.
- c. Endocrinal.
- d. All of the above.
- e. None of the above.

3 All are complications, Except

- a. Scalp Haematoma.
- Brain contusions.
- c. Meningitis.
- d. Subconjunctival Haemorrhage.

4 Investigation of choice is:

- a. Echo-Enchephalography.
- b. C.T. scan.
- c. Carotid angiography.
- d. Exploratory hole.

S All are Essential Investigation, Except:

- a. C.T. scan Head.
- b. MRI Brain.
- c. Bone scan.
- None of the above.

© The principle line of treatment:

- a. Conservative & Monitoring.
- b. Urgent surgical excision.
- c. Depressed fracture is reduced.
- d. None of the above.

6

Submandibular Salivary Stone



1 This X-ray is:

- a. Fracture mandible.
- b. Parotid stone.
- c. Submandibular salivary stone.
- d. Submandibular salivary gland.

② The Aetiology includes:

- a. Infection.
- b. Obstruction.
- c. Both a & b.
- d. Traumatic.

3 Presentations include:

- a. Pain after meal.
- b. Swelling.
- c. Enlarged cervical L.Ns.
- d. All of the above.

Complications include:

- a. Fistula.
- b. Sialadenitis.
- c. Sialectazia.
- d. All of the above.

⑤ The Essential Investigation is:

- a. Sialography.
- b. C.T. scan mandible.
- c. L.Ns biopsy.
- d. None of the above.

6 The main Treatment is:

- Submandibular sialadenectomy.
- b. Removal of stone.
- c. Radiotherapy.
- d. Chemotherapy.

7 Parotid Sialography



① This X-ray is:

- a. Parotid Sialography
- b. Submandibular Sialography.
- c. Sublingual Sialography.
- d. Fracture Mandible.

② The contrast is :

- a. Lipidol.
- b. Hypaque.
- c. Barium.
- d. None.

[Miscellaneous X-Rays]

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3 This investigation for all, Except:

- a. Salivary stones.
- b. Sialectasis.
- c. Salivary fistula.
- d. Sialadenitis.

@ It may shows:

- a. Filling defect in duct system.
- b. Dilatation of duct system.
- c. Strictures of parotid duct.
- d. All of the above.

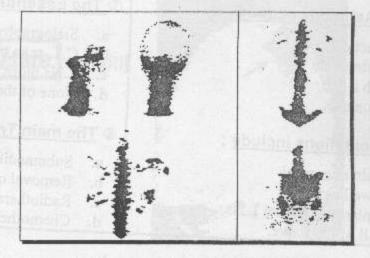
In this x-ray, it shows:

- a. Filling defect in duct system.
- b. Dilated duct system.
- c. Strictured duct system.
- d. All of the above

6 The Treatment for this patient :

- a. Sialadenectomy.
- b. Dilate the stricture.
- c. Antibiotics.
- d. All of the above

8 Bone Scan



① This X-ray is:

- a. Plain x-ray.
- b. CT scan bone.
- c. MRI.
- d. None.

The pathological cause could be :

- a. Cancer prostate.
- b. Cancer Breast.
- c. Osteosarcoma.
- d. All of the above.

The dye used in this study is:

- a. Myodil.
- b. Hypaque.
- c. Technetium⁹⁹
- d. None.

3 The study is indicated with:

- a. Traumatic fractires.
- b. Congenital di es.
- Bone metastasis.
- d. All of the above.

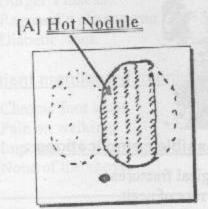
The Evident Radiological sign :

- a. Hot spots.
- b. Cold spots.
- c. Fracture line.
- d. All of the above.
- e. None of the above.

6 The Treatment is:

- a. Chemotherapy.
- b. Radiotherapy.
- c. a&b.
- d. According to the cause.

9 Thyroid Scar



1 This x-ray is:

- a. Hot nodule.
- b. Cold nodule.
- c. Warm nodule.
- d. Normal gland.

② The Diagnosis may be:

- a. Thyroid cyst.
- b. Toxic nodule.
- c. SNG.
- d. Malignant goitre.

3 This patient present mainly with:

- a. Enlarged cervical L.Ns.
- b. Loss of weight inspite of good appetite.
- c. Dyspnea.
- d. Hard fixed neck mass.

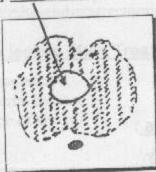
The Diagnostic method is: •

- a. Neck U/S.
- b. Plain x-ray neck.
- c. Estimation of serum T3 & T4.
- d. Biopsy from nodule.

⑤ The main line of Treatment is :

- a. L.thyroxine.
- b. Total thyroidectomy.
- c. Subtotal thyroidectomy.
- d. Hemi-thyroidectomy.

[B] Cold Nodule



1 This x-ray is:

- a. Hot nodule.
- b. Cold nodule.
- c. Warm nodule.
- d. Normal gland.

The Diagnosis may be Except

- a. Thyroid cyst.
- b. Toxic nodule.
- c. SNG.
- d. Malignant goitre.

3 This patient present mainly with Except

- a. Enlarged cervical L.Ns.
- b. Loss of weight inspite of good appetite.
- c. Dyspnea.
- d. Hard fixed neck mass.

The Diagnostic method is:

- a. Neck U/S.
- b. Plain x-ray neck.
- c. Estimation of serum T₃ & T₄.
- d. Biopsy from nodule.

⑤ The main line of Treatment is:

- a. L.thyroxine.
- b. Total thyroidectomy.
- c. Subtotal thyroidectomy.
- d. Hemi-thyroidectomy.



Soft Tissue Mammography



① This x-ray is:

- a. Plain x-ray.
- b. Galactography.
- c. Barium study.
- d. Soft tissue Mammography.
- e. Technetium 99.

② All are +ve Radiological signs.:

- a. Mass of Breast.
- b. Nipple Retraction.
- c. Hypervascularity.
- d. All of the above.

3 Patient presents with all, Except:

- a. Bleeding per nipple.
- b. Axillary L.Ns
- c. Skin Manifestations.
- d. Pain related to menses.

All are possible complications:

- a. Pathological fractures.
- b. Mass at root of neck.
- c. Haemoptysis.
- d. All of the above.

⑤ The Diagnostic procedure is :

- a. Galactography.
- b. Biopsy.
- c. Chest x-ray.
- d. None of above.

6 The 1st line of Treatment:

- Simple Mastectomy.
- b. Radiotherapy.
- c. Radical Mastectomy.
- d. Excisional biopsy.

11 Arteriography

IAI Narrowing & Irregularity of Arota &

both C.I.A. & E.I.A due to Atherosclerosis



① This x-ray is:

- a. Aortography.
- b. I.V.P.
- c. X-ray Abdomen.
- d. None of Above.

2 The dye used is :

- a. Myodil.
- b. Hypaque (urografine).
- c. Barium.
- d. None.

3 The possible Actiology is:

- a. Atherosclerosis.
- b. Burger's disease.
- c. Raynaud's phenomena.
- d. Diabetic foot.

Patient manifested mainly with:

- a. Chronic foot ulcer.
- b. Pain on walking.
- c. Impotence.
- d. None of the above.

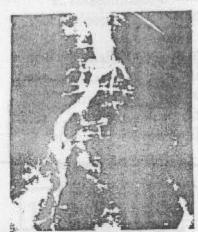
⑤ Treatment could be, Except :

- a. Conservative.
- b. Arterial by pass.
- c. Lumbar sympathectomy.
- d. Thrombo-end-arterectomy.

6 In this lesion, Main Treatment is:

- a. Conservative.
- b. Arterial by pass.
- c. None of above.

IBI Lt. common Iliac Block



This x-ray is:

- a. Trans-lumbar Aortography.
- b. Retrograde femoral Aortography.
- c. Ant-brachial Aortography.
- d. D.S.A.

® This x-ray shows:

- a. Abdominal Aorta.
- b. Absent Lt. C.I.A.
- c. Normal Rt. C.I.A.
- d. All of above.

Treatment is:

- a. Conservative.
- b. By-pass by Dacron or Teflon.
- c. By-pass by Long saphenous.
- d. All of the above.

ICI Rt. superficial femoral artery Block



@ This x-ray is:

- a. Trans-lumbar Aortography.
- b. femoral Aortography.
- c. Ante-brachial Aortography.
- d. D.S.A.

11 This x-ray shows:

- a. E.I.A normal at Rt. Side.
- b. Abscent Rt. Superficial femoral artery.
- c. Normal profunda femoris.
- d. All of the above.

12 Treatment is :

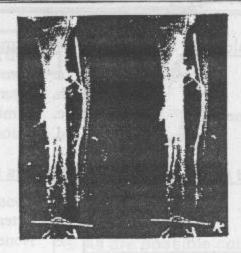
- a. Conservative.
- b. By-pass by Dacron or Teflon.
- c. By-pass by long saphenous.
- d. All of the above.

[Miscellaneous X-Rays]

94)

12

Venography



1 This X-ray is

- a. Venography.
- b. Arteriography.
- c. D.S.A.
- d. None of the above.

@ The dye used is:

- a. Myodil.
- b. Hypaque (urographin)
- c. Barium.
- d. None of the above.

The patient presents with :

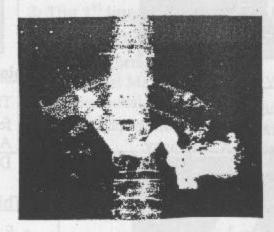
- a. Varicosities.
- b. Claudication pain.
- c. Colour changes of the limb.
- d. All of the above.

All are complications, Except:

- a. Rest pain.
- b. leg ulceration.
- c. Dermatitis.
- d. Lower limb odema.

13

Splenoportography



① The dye used is:

- a. Telepaque.
- b. Lipidol.
- c. Barium.
- d. Urographin.

3 The patient presents with :

- a. Portal hypertension.
- b. Haematuria.
- c. Bilateral ischaemia of L.L..
- d. All of the above.

② All are visualized, Except:

- a. Splenic vein.
- b. Portal vein.
- c. Abdominal aorta.
- d. Non of the above

All are complications, Except

- a. Haematemsis.
- b. Splenomegally.
- c. Ascitis.
- d. Intestinal obstruction.

[Miscellaneous X-Rays]

95

14

Fracture Mandible



1) The main aetiology:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic

2 The patient presents with:

- a. Odema of face.
- b. Inability to eat.
- c. Paepable crepitus over mandible.
- d. All of the above.

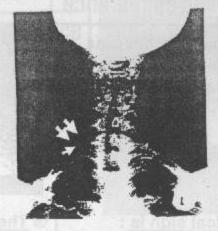
3 All are complications, except:

- a. Delayed union of fracture.
- b. Deformity of lower jaw.
- c. Osteomyelitis of the mandible.
- d. Dental cyst.

The main line of treatment:

- a. Antibiotics.
- b. Plate and screws.
- c. Mouth wash.
- d. Antiseptic solution.

15 | Cervical rib



① The aetiology is:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplasm.

② The patient presents with :

- a. Hard mass at the root of neck.
- b. Weak radical pulse.
- c. Parasethesia & tingling of U.L.
- d. All of the above

3 All are investigations, Except:

- a. Arteriography.
- b. Nerve conduction test.
- c. EMG
- d. Bone scan.

All are line of treatment, Except

- a. Physiotherapy.
- b. Sympathectomy.
- c. Rib resection.
- d. Laminectomy.

16

Craniostenosis



① The age of patient is:

- a. Neonate.
- b. Infant.
- c. Child.
- d. Non of the above.

The accepted diagnosis is:

- a. Hydrocephalus.
- b. Chronic haemolytic anaemia.
- c. Hyperparathyroidism.
- d. Microcephaly.

The best investigation is:

- a. Plain x-ray skull.
- b. MRI brain.
- c. CT scan skull.
- d. Bone scan.

The principle line of treatment

- a. Conservative.
- b. Cranioplasty.
 - c. Ventriculo-peritoneal shunt.
 - d. Endoscopic ventriculostomies.

17

Hair on end appearance

i.e. Haemolytic anaemia



1 The radiological sign is:

- a. Hair on end appearance.
- b. Salt and pepper appearance.
- c. Acromegally.
- d. Silver beaten appearance.

② The possible aetiology is:

- a. Pitutary tumors.
- b. Haemolytic anaemia.
- c. Meningitis.
- d. Hyper parathyroidism.

3 The patient presents with:

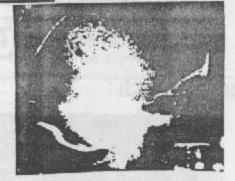
- a. Bone aches.
- b. Headache.
- c. Splenomegaly.
- d. Haematemsis.

The treatment of this case is:

- a. Splenectomy.
- b. Steroids.
- c. a+b.
- d. Trephine operation.

18 Salt and pepper appearance

i.e. Hyperparathyroidism



① This x-ray shows:

- a. Multiple myeloma.
- b. Chronic osteomyelitis.
- c. Multiple osteolytic lesions.
- d. Skull metastasis.

② The radiological sign is:

- a. Ostitis fibrosa cystica.
- b. Salt & pepper appearance.
- c. Onion peel appearance.
- d. Involucrum.

The follow laboratory findings are <u>Except</u>:

- a. T Ca level.
- b. ↓ phosphorus level.
- c. 1 serum uric

This condition is commonly associated with :

- a. Malignant transformation.
- b. Chronic osteomyelitis.
- c. Recurrent renal stones.
- d. Stiffness of the knee joint.

Silver beaten appearance

i.e. Pituitary Tumor



1) The radiological sign is:

- a. Silver beaten appearance.
- b. Ballooning of sella tercica.
- c. a + b.
- d. Hair on end appearance.

The patient presents clinically with:

- a. Fever & toxaemia.
- b. History of trauma.
- c. Headache, vomiting & blurring of vision.
- d. Scalp sinus discharging pus.

3 All are investigations, Except:

- a. CT scan.
- b. MRI brain.
- c. Lumbar puncture.
- d. Cerebral angiography.

All are possible complications, Except

- a. Blurring of vision
- b. Projectile vomiting.
- c. Meningitis. .
- d. Brain stem conization. .

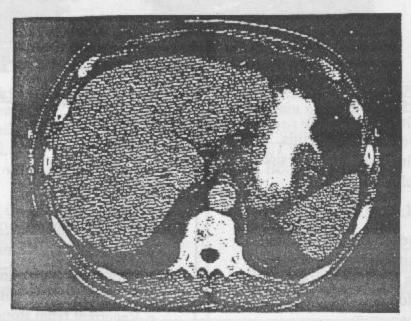
[Miscellaneous X-Rays]

98)



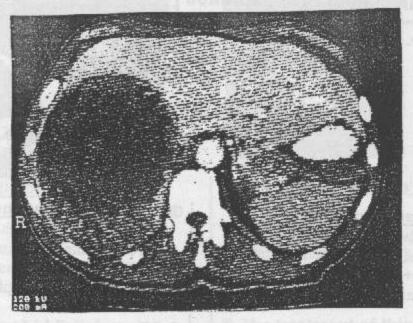
G.I.T.

[A] CT cancer stomach:



See questions page (16)

[B] CT Hepatoma:



All the following organs seen, Except

- a. Liver.
- b. Spleen.
- c. Urinary bladder.
- d. Stomach

② The pathology present is:

- a. Hepatoma.
- b. Cancer stomach.
- c. Renal carcinoma.
- d. Aortic aneurysm.

[Miscellaneous X-Rays]

99

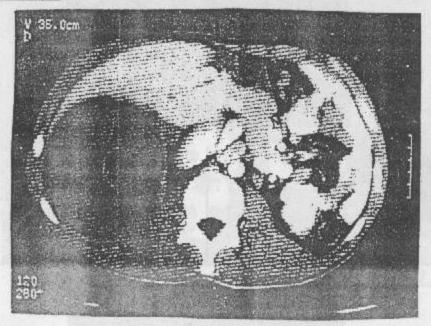
3 The patient present with, Except

- a. Haematuria.
- b. Jaundice.
- c. Ascites...
- d. Rt. hypochondrial mass.

The principle line of treatment is:

- a. Hepatic resection.
- b. Nephrectomy.
- c. Chemotherapy.
- d. None of the above.

[C] CT Hydatid cyst:



① The type of study is:

- a. M.R.I abdomen.
- b. CT scan abdomen.
- c. Barium study.
- d. None of above

② The vertebral column is:

- a. Normal disc.
- b. Disc prolapse.
- c. Fracture spine.
- d. Non of the above

The study shows:

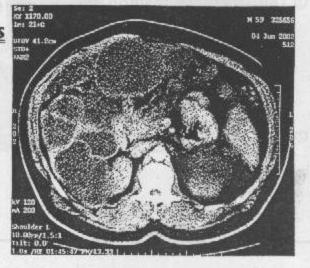
- a, Cancer stomach.
- b. Cancer pancreas.
- c. Renal neoplasm.
- d. Liver cyst.

The urea level shows:

- a. < 20 mg%.
- b. 20 40 mg%.
- c. > 100mg%.
- d. None of the above.



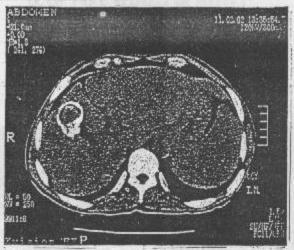
Multiple Hydatid cysts



[Miscellaneous X-Rays]

100

[D] CT Calcified Gall Bladder:



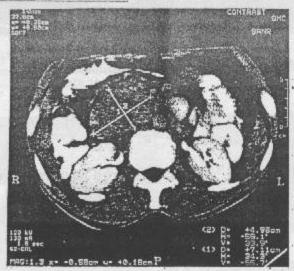
1 The study is:

- a. CT abdomen.
- b. MRI spine.
- c. Barium enema.
- d. DSA

② The study shows:

- a. Liver tumor.
- b. Calcified gall bladder.
- c. Calcified R.S.E.
- d. None of the above.

[E] CT Cancer Head Pancreas:



The Accurate method for diagnosis:

- a. ERCP.
- b. MRI.
- c. CT scan.
- d. a + c.

② The patient presents will all, Except:

- a. Streatorrhaea.
- b. Pruritis.
- c. Dark urine.
- d. Pain at Lt. iliac fossa.

3 All are investigations, Except:

- a. Serum bilirubin.
- b. Serum amylase.
- c. Serum creatine.
- d. None of above.

The treatment is :

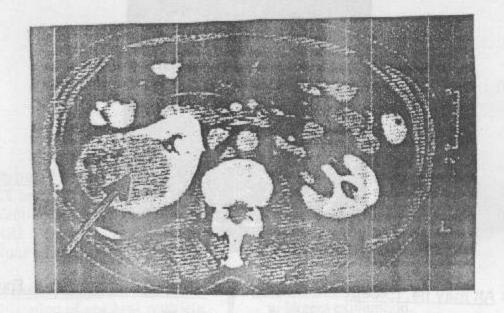
- a. Radiotherapy.
- b. Radical gastrectomy.
- c. Chemotherapy.
- d. Partial pancreatic-dudenectomy.

[Miscellaneous X-Rays]

101

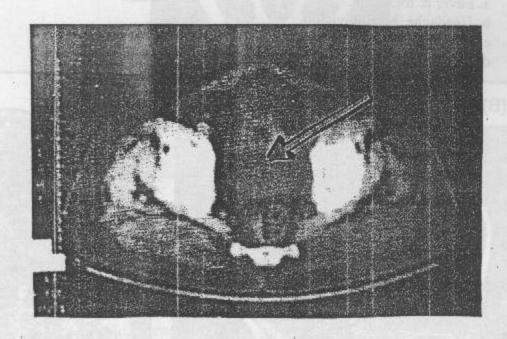
Urinary System

[A] CT Hypernephroma:



See questions page (49)

[B] CT cancer urinary bladder:



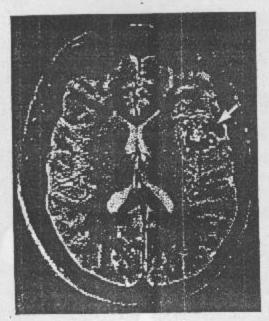
See questions page (51)

[Miscellaneous X-Rays]

02

C.N.S.

[A] CT Brain Tumor:



① All may be, Except

- a. Pituitary tumor.
- b. Extradural haematoma.
- c. Cerebral metastasis.
- d. Fracture base.

@ The patient present with:

- a. Fever & toexamia.
- b. Headache, bluring vision.
- c. History of trauma.
- d. Scalp sinus discharging pus.

3 All are complications, Except:

- a. Blurring of vision.
- h. Projectile vomiting.
- c. Meningitis.
- d. Brain stem conization.

All are Investigations, Except:

- a. CT scan.
- b. MRI
- c. Lumbar puncture.
- d. Cerebral angiography.

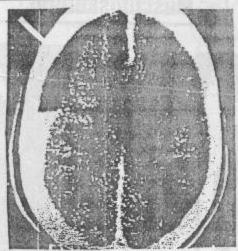
[B] MRI Brain Tumors:



Same questions as above



[C] CT Extra-dural Haematoma:



① The type of study is:

- a. CT brain.
- b. Venticulography.
- c. MRI.
- d. None of above.

@ The study shows:

- a. Dilatation of cerebral ventricle.
- b. Extradural haematoma.
- c. Fracture base.
- d. Intra cerebral Hge.

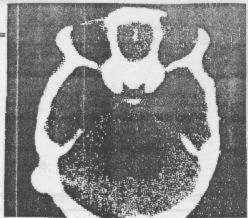
3 The presents with by:

- a. Concussion.
- b. Lucid interval.
- c. Compression.
- d. All of the above.

The treatment is:

- a. Urgent exploration.
- b. Cranioplasty.
- c. Ventriculo-caval shunt.
- d. None of the above.

[D] CT Hydrocephallus



① The type of study is:

- a. CT brain.
- b. Venticulography.
- c. MRI.
- d. None of above.

@ The study shows:

- a. Dilatation of cerebral ventricle.
- b. Extradural haematoma.
- c. Fracture base.
- d. Intra cerebral Hge.

The aetiology could be:

- a. Congenital.
- b. Traumatic.
- c. Inflammatory.
- d. Neoplastic.
- e. All of the above.

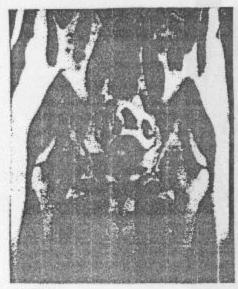
All are treatment, Except:

- a. Ventriculo-peritoneal shunt.
- b. Ventriculo-caval shunt.
- c. Cranioplasty.

[Miscellaneous X-Rays]

104)

Musculoskeletal



MRI shows: Avascular necrosis of head of femur



Osteosarcoma

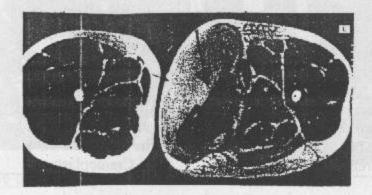


The MRI shows the extent of the lesion.

Disc prolapse



CT Soft Tissue Carcinoma



[Miscellaneous X-Rays]

105

Answers	1996
	(7)
[Flail Chest]	1

1 Fracture of the Ribs [Flail Chest]

1. d 2. b 3. e 4. d 5. e 6. c 7. a 8.e 9. c 10.e

2 Haemothorax

1. d 2. d 3. d 4. e 5. c 6. a

3 Tension Pneumothorax

1. c 2. d 3. c 4. c 5. a 6. b

4 Fissure Fracture (Skull)

1.a 2.a 3.c 4.b 5.a 6.c

5 Depressed Fracture (Skull)

1.b 2.a 3.d 4.b 5.c. 6.b

6 Submandibular salivary stone

1. c 2. c 3. d 4. d 5. a 6. a

7 Parotid Sialography

1. a 2. a 3. d 4. d 5. d 6. d

8 Bone Scan

1. b 2. c 3. c 4. d 5. a 6. d

9 Thyroid Scan

(A) 1. a 2. b 3. b 4. c 5. d

(B) 1. b 2. b 3. b 4. d 5. b

10 Soft Tissue Mammography

1. d 2. d 3. d 4. d 5. b 6. d

11 Arteriography

1. a 2. b 3. a 4. b 5. c 6. a

7. a 8. d 9. b

10. b 11.d 12. c

[Miscellaneous X-Rays]

Venography

2. b

3. a

Spleno-protography

1. d

2. c

3. 2

4. d

Fracture mandible

1. b

2. d

3. d

4. b

Cervical Rib

1. a

2. d

3. d

Craniostenosis

1. a

2. d

3. a

4. b

Hair on end appearance Haemolytic anaemia

1. a

2. b

3. c

Salt & pepper appearance | Hyperparathyroidism

1. c

2. b

3. c

Silver beaten appearance | Pituitary tumor

1. c

2. c

3. c

4. c

CT scan & MRI

G.I.T.

[A] CT cancer stomach

[B] CT Hepatoma

1. c

2. a

3. a

4. a

[C] CT Hydatid cyst

1. b 2. a

3. d

4. b

[D] CT Calcified gall bladder

[E] CT Cancer head pancreas

2. d

A STATE OF THE PARTY OF THE PARTY.

3. b

Urinary System

[A] CT hypernephroma

[B] CT cancer urinary bladder

CNS

[A] CT brain tumors:

2. b

|B| MRI brain tumors :

Same questions

[C] CT extradural haematoma:

3. d

4. a

[D] CT hydrocephalus:

2. a

3. e

4. c

GOOD LUCK Dr. Wael Metwaly